

154<sup>TH</sup>  
ANNUAL REPORT  
OF  
THE SOCIETY OF  
THE LYING-IN HOSPITAL  
OF THE CITY OF NEW YORK



FOR THE YEAR

1952

530 EAST 70th STREET, NEW YORK 21, N. Y.



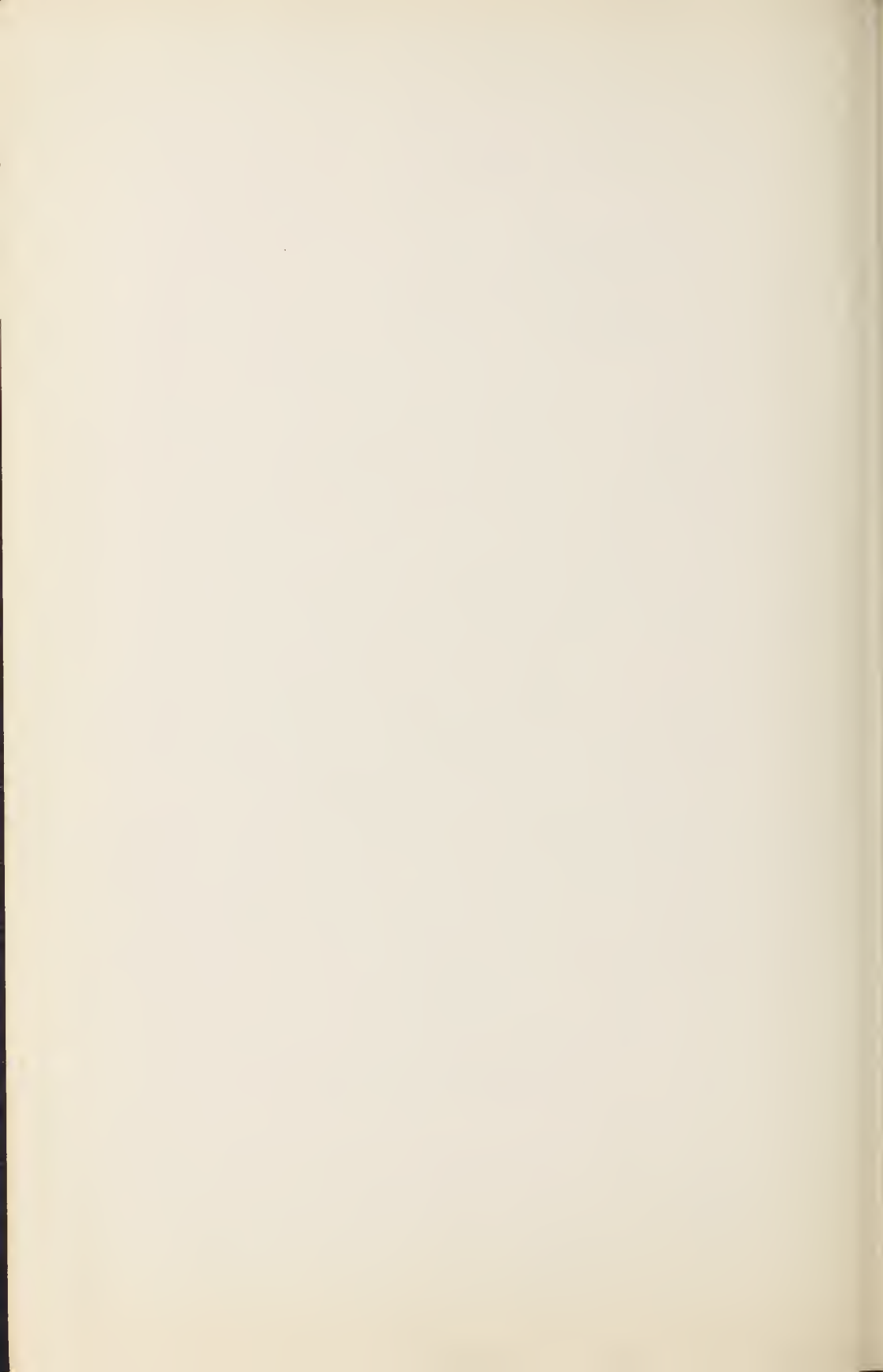
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# THE SOCIETY OF THE NEW YORK HOSPITAL

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The Society of the Lying-In Hospital was legally merged with The Society of the New York Hospital by authority of Chapter 223 of the Laws of the State of New York of 1947, the required Certificate of Merger having been filed in the Department of State on May 15, 1947.

The Comparative Income and Expense Account formerly printed in this Report may be found in the Annual Report of The Society of the New York Hospital for 1951.

## REPORT OF THE PRESIDENT

The Board of Governors of The Society of the New York Hospital is pleased to present this record of The Lying-In Hospital during 1952—a year in which 7,127 patients were cared for and 4,194 babies were born in this Hospital.

In addition to caring for this large number of persons, many important research programs were carried on by the staff. We are justly proud of these achievements and of the significant parts played by many individuals during the entire year.

The close and efficient cooperation which has long existed between the professional and administrative staff, the Nursing Department and the auxiliary services has been complemented by the important part played by the volunteers, the Ladies' Auxiliary to the Lying-In, the United Hospital Fund teams, the Social Service Committees and many other friends. I am deeply grateful to all who have contributed to another noteworthy record of The Lying-In Hospital.

The program initiated in 1951, namely the transference of some nineteen beds from pavilion to semi-private status, has been completed and has benefited us in two ways. Our semi-private beds, always in constant demand, have been increased; and our operating deficit has been decreased by this additional income. This bed transference created grave concern in regard to the teaching and research programs; that this transference was made without disruption of these programs is a distinct credit to the Obstetrician and Gynecologist-in-Chief, to the administration and to all who cooperated in facilitating and insuring the success of this change.

Many detailed reports and statistics for 1952 are to be found on the ensuing pages and I commend them to your reading. You will also note the several graphs which cover the twenty year period (1932-1952) during which the Lying-In Hospital has been of service in its present location. The trends shown by these graphs are so inspiring and illustrate so well the significant progress which has been made by this Hospital, that I urge you to examine them carefully.

JOHN HAY WHITNEY,  
*President.*

January 31, 1953.

## MEDICAL STAFF

### OBSTETRICIAN AND GYNECOLOGIST-IN-CHIEF

R. GORDON DOUGLAS, M.D.

### CONSULTING OBSTETRICIANS AND GYNECOLOGISTS

BYRON H. GOFF, M.D.

JAMES A. HARRAR, M.D.

### ATTENDING OBSTETRICIANS AND GYNECOLOGISTS

EDWARD H. DENNEN, M.D.

CHARLES M. McLANE, M.D.

CARL T. JAVERT, M.D.

JOSEPH N. NATHANSON, M.D.

HOWARD S. McCANDLISH, M.D.

FRANK R. SMITH, M.D.

### ASSOCIATE ATTENDING OBSTETRICIANS AND GYNECOLOGISTS

JOHN T. COLE, M.D.

OSCAR GLASSMAN, M.D.

ROBERT L. CRAIG, M.D.

ARTHUR V. GREELEY, M.D.

WILLIAM F. FINN, M.D.

DONALD G. JOHNSON, M.D.

RALPH W. GAUSE, M.D.

CURTIS L. MENDELSON, M.D.

J. RANDOLPH GEFFERT, M.D.

NELSON B. SACKETT, M.D.

### ASSISTANT ATTENDING OBSTETRICIANS AND GYNECOLOGISTS

THOMAS L. BALL, M.D.

ROBERT LANDESMAN, M.D.

PERRY S. BOYNTON, JR., M.D.

VIRGINIA K. PIERCE, M.D.

MYRON I. BUCHMAN, M.D.

RICHARD A. RUSKIN, M.D.

JUSTIN T. CALLAHAN, M.D.

GEORGE SCHAEFER, M.D.

WILLIAM P. GIVEN, M.D.

ERWIN F. SMITH, M.D.

ANN P. KENT, M.D.

CHARLES T. SNYDER, M.D.

ELMER E. KRAMER, M.D.

EDWARD F. STANTON, M.D.

SUSAN W. WILLIAMSON, M.D.

### COURTESY STAFF

WILLIAM H. CARY, M.D.

W. HALL HAWKINS, M.D.

LYNN L. FULKERSON, M.D.

MEYER ROSENSOHN, M.D.

### PROVISIONAL ASSISTANT, OBSTETRICS AND GYNECOLOGY

ROBERT R. RASCOE, M.D.

### RESIDENTS

CHRISTIAN J. DEWINTER, M.D.

HUGH HALSEY, II, M.D.

\*ROBERT C. EMMEL, M.D.

\*J. GEORGE TIFFT, M.D.

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\*Service terminated June 30, 1952.

## MEDICAL STAFF—*Continued*

### FIRST ASSISTANT RESIDENTS

WILLIAM C. ANDREWS                      WILLIAM H. BURKE, M.D.  
WILLIAM J. SWEENEY, III, M.D.

### SECOND ASSISTANT RESIDENTS

\*DAVID B. CRAWFORD, M.D.              KENNETH G. NICKERSON, M.D.  
WILLIAM D. McLARN, M.D.              \*\*E. HENRY VALENTINE, M.D.  
JEROME A. WEINBAUM

### THIRD ASSISTANT RESIDENTS

STANLEY J. BIRNBAUM, M.D.              IRVING H. DREISHPOON, M.D.  
\*ARTHUR C. CAIRNS, M.D.              SAMUEL I. ETZ, M.D.  
E. WILLIAM DAVIS, JR., M.D.              FRANCIS X. MOFFITT, M.D.  
THOMAS F. DILLON, M.D.              \*PAUL L. WHITE, M.D.

### INTERNS

PATRICK L. BEIRNE, M.D.              ROBERT E. WIECHE, M.D.  
JOHN R. LANGSTADT, M.D.              JOHN S. VAN MATER, M.D.  
ROBERT M. WAGNER, M.D.              JOSEPH J. ZAIA, M.D.

### OBSTETRICAL AND GYNECOLOGICAL PATHOLOGIST

CARL T. JAVERT, M.D.

### CHEMIST

ROY W. BONSNES, B.S., Ph.D.

### STATISTICIAN

FRANCES A. MACDONALD, A.B.

### LABORATORY ASSISTANTS

MARY MARKOWSKY	IONE F. DAVIS
ETHEL SUBEN	ERNA MOCK
<i>Pathology</i>	<i>Bacteriology</i>
ELAINE JOHNSON	
NELSON L. OSTERBERG	
<i>Chemistry</i>	

### NURSING STAFF

MURIEL R. CARBERY, M.S., R.N., *Director of Nursing Service*  
VERDA F. HICKCOX, B.S., R.N., *Head of Obstetrical and*  
*Gynecological Nursing Service*

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\*\*Service terminated to enter Armed Forces.

\*Service terminated June 30, 1952.

## MEDICAL REPORT

*To the Board of Governors of*

THE SOCIETY OF THE NEW YORK HOSPITAL

GENTLEMEN:

At this time it is my privilege and honor to present to you the Medical Report of the Lying-In Hospital of the City of New York for the year 1952.

The Lying-In Hospital achieved 20 years of service in its present location during 1952. This service was quantitatively reflected in a total of 192,103 adult and newborn discharged patients from September 1, 1932, to December 31, 1952. During this period, from a qualitative point of view, greatly improved control of maternal deaths and morbidity from obstetrical complications was accomplished, in addition to a reduced rate of infant deaths, and an increased survival of infants of birth weights formerly considered previable. On the gynecological service a significant reduction of postoperative morbidity and mortality occurred.

The gradual decrease in the proportion of pavilion (ward) discharges on both the obstetrical and gynecological services from approximately four-fifths to a little over one-half of the total, with the corresponding increase in private discharges, taken up for the most part by semi-private patients, suggests several contributing factors. The greater use of the facilities of the hospital by the private attending physicians, accounted for in part by the greater availability of beds due to earlier discharge of patients, and possibly due to some extent to the increased choice of semi-private hospital facilities by patients having hospitalization insurance coverage, may explain part of this change. The greatest increase in a single year in semi-private discharges occurred in 1952, with a rise of from 26 per cent in 1951 to 32 per cent of the total in 1952 on the obstetrical service and from 27 per cent to 33 on the gynecological service. The degree of increase in 1952 was, in part, the immediate result of the conversion to semi-private use of 19 beds formerly assigned to pavilion service. (See Figures 1 and 2 in the "Statistics" section of this report.)

In the obstetrical department there were 5,190 adult discharges in 1952 as compared to 5,274 in 1951, representing a decrease of 2 per cent. There were 4,194 babies born, also 2 per cent less than in 1951, while in New York City there was an increase in births of approximately 4 per cent in 1952 over the previous year. From 1938-1942 at the Lying-In Hospital the deliveries increased 4 per cent over those for the period 1932-1937. For the two successive 5 year periods, 1943-1947, and 1948-1952, the increase in births was 17 per cent in each period over the preceding period. (Table 1.)

There were 4 maternal deaths in 1952, one due to postpartum eclampsia and cerebral hemorrhage, one due to acute nephritis diagnosed in a postpartum admission, and two due to cancer of the breast. In addition to these, one patient developed acute myelogenous leukemia in the postpartum period and was subsequently transferred to the medical service where she died 52 days postpartum.

There has been a remarkable change in the causes of maternal death during this 20 year period. Heart disease and cancer have taken first and second place respectively as causes of death in the past 5 years, the same place they occupy for the total deaths in New York City at present. In the first 5 years of the hospital's existence at its present location infection and hemorrhage occupied first place with an equal number of deaths, and pneumonia held second place. There are too few deaths in any 5 year period to make conclusive statements regarding trends in causes of death but, in general, the complications of infection and hemorrhage, more amenable to control with current methods of therapy, result much less frequently in death now than formerly. Diseases of the chronic degenerative type and neoplasms are coming into the foreground as causes of maternal death partly because of the control of the aforementioned complications, and possibly due to an increase in the incidence of these diseases in women of childbearing age. (Tables 4 and 5) Figures 3 and 4 illustrate the marked decline in puerperal infection and other febrile morbidity, and in prolonged labor which is so often associated with infection. Hemorrhage has shown no consistent decline in incidence (Table 11) but a marked improvement in methods of manage-

ment is apparent and is reflected in the fact that there has been no death in this clinic from this cause since January, 1946.

There were 106 total infant deaths in 1952 including dead-born and neonatal deaths (among all infants of 500 grams birth weight or more) giving a rate of 2.5 per cent compared with 2.8 per cent for 1951. The infant death rate for infants of 1,000 grams or more birth weight was 2.1 per cent in 1952 and 2.2 per cent in 1951. For infants of 1,500 grams birth weight or more (the basis for calculating fetal mortality prior to 1951) the rate was 1.6 per cent in 1952 as compared to 1.8 per cent in 1951. Our 1952 results, never surpassed in the history of the institution, indicate a fetal loss of approximately one-third that of 20 years ago.

The percentage of total fetal mortality in each 500 gram birth weight category from 500 to 2,499 grams and for 2,500 grams and over has been computed in Table 6 for the 5 years 1947-1951, and for neonatal mortality among live births in the same weight categories. The percentage of deaths fluctuates greatly from year to year in the lower weight categories due to the relatively small number involved, however, for the total 5 year period the chance of survival in total births from 500-999 grams birth weight is 10 per cent, in those from 1,000-1,499 grams, 47 per cent, and for the two weight groups combined, 31 per cent. For those infants born alive weighing 500-1,499 grams the chance of survival is 54 per cent. Table 7 shows the 5 years combined in terms of survivals. Survival by completed weeks of gestation is shown for a single 12 month period in Table 9.

The percentage of infants dying from each of the several causes of death in 3 weight categories is shown, for 1951 and 1952, in Table 10. In 1952, 5.7 per cent of the total infants born in the 500-1,499 gram weight category died of congenital abnormalities as compared to 0.4 per cent of the total infants born in the 2,500 grams or over weight category. Of the total deaths, however, in the 500-1,499 weight class about 7 per cent were due to congenital abnormalities and in the 2,500 and over class about one-third of all deaths were due to anomalies considered incompatible with life.

The result to infants in terms of mortality, in certain vaginal operative deliveries, without adjusting for possible complica-

tions involved as indications for the procedure, or for congenital abnormalities, shows steady improvement and compares favorably with results obtained in spontaneously delivered infants. Actually in recent years, for example, the fetal mortality was less in low forceps operations than when the infant was spontaneously delivered. Figures 7 and 8 demonstrate these findings.

In this report, as in that for 1951, detailed tabulation of obstetrical complications, surgical complications, and associated gynecological and medical conditions is included for the useful information it supplies to our own staff members and other interested members of the profession as it reveals the scope of conditions encountered in obstetrical practice in an institution of this type. Some of the more common complications for the 20 year period are included in Tables 11 and 12. I hope that the added tables and figures, an innovation this year, will be helpful in crystallizing certain trends.

On the gynecological service in 1952 there were 1937 discharges, a 3 per cent decrease as compared to 1951. Of the 12 deaths during the year, 9 were due to malignant neoplastic disease. In the past 5 years the number of gynecological discharges has increased 29 per cent over the number in the previous 5 year period.

Gynecological operations in 1952, 871 of which were classified as major and 895 as minor, were performed on 1,766 patients. Detailed tabulation of diagnoses on discharge, operative procedures, and deaths on the gynecological service can be found in the statistical report.

During the year the conversion of 19 beds formerly assigned to the pavilion service to a semi-private status was accomplished. Three of these beds were on Pavilion M2, in the obstetrical division, and are well located and otherwise adaptable for use in a new "rooming-in unit" which constitutes an important innovation in our service. They fulfill a newly created demand that has arisen and this service has been found to be of great educational value from the nursing as well as from the patient's point of view. Eight of the converted beds are located on the fourth floor and are assigned to the gynecological service. Senior medical students act as clinical clerks for patients occupying these beds and although the plan has

not as yet withstood the test of time it appears to be working to the mutual satisfaction of the patients, staff and students. Undergraduate teaching has not yet been extended to the other newly created semi-private gynecological beds on the fifth floor. Prior to the conversion I viewed the change with great apprehension because of a possible deterioration in our teaching facilities. I am happy to report that no significant impairment from this point of view has as yet resulted. This has been accomplished largely because some of the semi-private patients are used for teaching purposes and also because of a flexibility in use of semi-private and pavilion beds unique in this division of the hospital. Practical experience during the past two years indicated that for the most part when one service was at, or over, capacity the other service was somewhat below capacity. With this experience in mind we have permitted the pavilion service to overflow at such times and occupy the vacant semi-private beds and vice versa when the semi-private demands exceed available beds. Obviously, such a policy makes for more efficient use of beds and provides a "cushion" not otherwise obtainable when demands for either of these services exceed existing facilities. Earlier discharge of pavilion patients is also being practiced, particularly when the census is high, and this also helps to maintain a teaching service equal to that existing before the conversion. We have undoubtedly reached a point, however, where any further conversion would greatly impair both the undergraduate and graduate teaching programs as well as research investigations.

As previously stated four-fifths of the patients in this division of the hospital were on the pavilion service two decades ago as compared to approximately one-half today. This change has resulted largely because of the significant monetary contribution that the Blue Cross and other insurance plans make toward patient care. Such changes, clearly illustrated in Figures 1 and 2, will, if continued, seriously affect the undergraduate teaching but will have an even greater impact on the graduate resident training program unless a compensatory plan can be evolved. This is most complicated in a surgical field primarily because it is difficult to divide the responsibility between the attending and resident surgeon. At the same time allocation

of major responsibility to the resident is of paramount importance in his training.

A fruitful end to various studies and plans advanced during the last few years for modernization of the X-ray facilities existing in the Lying-In Hospital was reached during the year. Our apparatus was 20 years old, was outdated and had completely outworn its period of usefulness. In December work was completed in the X-ray area on the delivery floor whereby all old apparatus was replaced with new equipment. These facilities will provide an essential and unsurpassed service to patients in labor as well as to those in the adjacent operating rooms. Late in November administrative approval was obtained to install a new cystoscopic X-ray unit in the radiographic area in the Out-Patient Department. This equipment will be the most modern obtainable, will be safer to operate, and will replace apparatus that has served its period of usefulness. It is hoped that this installation will be accomplished early in the new year. These facilities will also provide a unique service to private and pavilion obstetrical and gynecological patients, both as in-patients and out-patients. This new equipment will add a great deal to the variety and quality of work that can be done in the department. Some additional apparatus is still needed in order to complete the modernization plans. No specific recommendations, however, will be made until the newly installed equipment has been in operation for some time.

Participation by the Department of Obstetrics and Gynecology in the Comprehensive Care Program has been initiated in what appears to be a very satisfactory manner. The consultation service to all other divisions of the Out-Patient Department is accomplished by the same personnel and is, according to all concerned, providing a prompt and efficient service without the necessity of referral of the patient to our Out-Patient Department which may be a time consuming procedure.

The present program for the increase and improvement of bathroom facilities has been nearly completed. To a large extent this has meant the installation of additional facilities and the general policy adopted has been one of decentralization for the convenience of patients. Early ambulation of patients introduced conditions that made such changes most essential.

It is significant to note that these installations were effected with the loss of only one bed. Certain areas were necessarily closed during this period of reconstruction which was reflected in a lowered occupancy rate but, in general, the improvements were accomplished with minimal disruption in patient care.

Improvement in recovery room facilities is urgently needed. Limitation of space on the delivery and operating floor is one of the most serious problems to be solved. It is hoped, however, that plans for the necessary alterations may be formulated in the near future.

A new policy in the organization of the anesthesia service has been accomplished and will become effective on January 1, 1953. The Anesthesiologist-in-Charge in the Department of Surgery will hold the same position in this department. An attending anesthesiologist will be in direct charge of the service. It is hoped that this new plan will provide an improved service to patients, make possible a resident training program, and encourage research studies in this field. Nurse anesthetists will continue to function as heretofore under the supervision of the attending anesthesiologist.

Research Activities. Extensive investigations into vascular physiology as observed in the vessels of the bulbar conjunctiva during normal pregnancy have been carried out during the year. This approach, because of a much higher magnification, provides an opportunity of studying the smaller vessels and capillaries which cannot be visualized in the retina. These studies have confirmed, to some extent, existing theories and revealed new findings not hitherto suspected. Additional observations throughout the normal menstrual cycles of women of different ages are now being conducted. Investigation of the vessels in the bulbar conjunctiva in toxemia has been initiated and already sufficient experience has been gained to be of definite help in the clinical management of patients with this disorder. It will be some time, however, before sufficient data has been accumulated for compilation and publication. A thorough study of the vascular bed in the retina of patients with toxemia of pregnancy has been completed and published. These studies have been made possible by grants from the James Foundation and the United States Public Health Service.

A motion picture was completed during the year depicting by schematic drawings and the actual operative technic the method employed in the Department of Obstetrics and Gynecology to correct the more serious forms of urinary stress incontinence. This procedure is, for the most part, applicable to patients with recurrence of the disorder after one or more operations, or when the patient is obese, has asthma, or other conditions that make the complaint more difficult to correct. This picture has been shown on many occasions in different parts of this country and abroad. Costs were defrayed by a grant from Charles Pfizer & Co.

Investigative studies in the management of the pregnant diabetic patient have continued. A striking change in the type of disease encountered has become apparent in recent years. We are seeing more patients with this disorder and a larger percentage have had the disease since childhood. The management of this serious problem has been further modified as a result of extensive studies, but additional investigations are still necessary before a completely satisfactory plan of management is accomplished.

A special clinic for the study of cervical disease was commenced during the year as a part of other investigations into the role of the cervix in fertility. Histological and bacteriological studies, as well as colored photographs, are obtained before, during and following different plans of treatment. It is hoped that as a result of these studies a solution to this most important problem in some patients may be reached. We are indebted to Drs. McLane and Gepfert for the funds to purchase necessary equipment to conduct these investigations.

In our pathological department a study of 2,000 cases of abortion has just been completed and a report is in preparation. These investigations have been supported by grants from The Florida Citrus Commission and the National Drug Company. Fetal wastage in the early months of pregnancy greatly exceeds that occurring at all other times and is undoubtedly one of the most important and urgent problems requiring investigation in the field of obstetrics.

Pathological studies are in progress relative to all cases of serous cystadenocarcinoma of the ovary that we have encoun-

tered. As a result it is hoped that more logical criteria for classification and prognostication will be developed.

Clinical investigations relative to the prevention of intervillous hematomas of the placenta in Rh negative mothers is in progress. Previous studies from this department have indicated the importance of these lesions in the development of maternal antibody formation and, accordingly, if a means can be found to prevent the development of a hematoma with resultant passage of fetal blood into the maternal circulation the hazards encountered by the Rh negative mother may be reduced.

In our biochemistry laboratory studies have been conducted which have been concerned with kidney function, electrolyte and water balance in pregnant patients, with problems of electrolyte balance in gynecological patients, and with the metabolism of endometrium.

Previous studies on a small number of patients have indicated kidney function, as judged by several different clearance tests, to be increased during most of pregnancy. A resurvey of the urea clearances done on patients in this clinic during the years 1944-1948 has yielded more data from a much larger number of patients which, when considered in the light of our present concepts, confirms our present belief that the urea clearance is significantly elevated during most of pregnancy.

Electrolyte balance studies are being carried out on diabetic and toxemic pregnant patients with results still to be evaluated.

Studies of electrolyte problems in gynecological patients have made it possible to provide better care of these patients as a result of an improved understanding of when electrolyte determinations should be obtained, when and what electrolytes should be administered; and have led to a relatively simple method which serves to approximate the patient's water and electrolyte loss and thus aid in determining replacement therapy.

Studies of the *in vitro* metabolism of freshly recovered endometrium have shown that such experiments are fraught with many technical difficulties. Data now in hand indicate several sources of artifacts and modified technics will be employed which, it is hoped, will yield better results.

The Department of Obstetrics and Gynecology has maintained a close internal liaison throughout the year with all departments in the hospital. I am indebted to Dr. Henry N. Pratt, Director of The New York Hospital, Dr. Stanhope Bayne-Jones, President of the Joint Administrative Board, and Dr. Joseph C. Hinsey, Dean of Cornell University Medical College, for their valuable help, advice and suggestions on frequent occasions. The results achieved are largely due to the generous support of the Board of Governors and to the loyal and faithful services rendered by the professional staffs and all of those individuals who have an important part in the operation of the institution.

Respectfully submitted,

R. GORDON DOUGLAS, M.D.,  
*Obstetrician and Gynecologist-in-Chief.*

## REPORT OF NURSING ACTIVITIES

The following report represents the major points of interest in our efforts toward making the best use of our facilities for the care of patients, the education of students, and the development of the graduate nurses.

Patient Care. Expectant mothers continue to enroll for the course in preparation for childbirth. A second nurse was appointed in October to assist the instructor in this program, and to be ready to relieve her for a six-month leave of absence beginning the first of the year.

During the year 481 expectant mothers took the course, an increase of 137 over 1951. 492 prepared patients delivered, an incidence of 11.8 per cent of the total deliveries as compared with 5.7 per cent in 1950 and 9.3 per cent in 1951. The increase has been entirely in the private patients' service. It is of interest to report that six "expectant grandmothers" attended a complete course with their daughters.

Satisfactory experience for the woman and her husband during labor and delivery depends considerably upon their understanding and acceptance of the medical and nursing management. For that reason, careful attention has been given to this aspect of preparation for childbirth. One obstetrician's comment that "prepared patients are more cooperative" encourages us. Other parent's classes, conducted in the Out-Patient Department, continue as usual.

A total of 589 patients chose to room-in during the year, an incidence of 11.6 per cent for the pavilion patients and 18 per cent for patients on the private services. The highest percentage of rooming-in (22.4 per cent on the semi-private floor) was to some extent, apparently, the result of existing structural advantages, and a plan for staffing which provided more contact with a few nurses who were particularly interested in the service.

Through the interest and cooperation of the pediatric medical staff, weekly group conferences with a pediatrician were started for the mothers on M-1 in May, and extended to pavilion M-3 in October. The discussions are entirely informal. The mothers

are invited, but not urged to attend. The content of the conferences varies widely depending on the group. Effort is made to center around general problems rather than questions that refer to only one individual. That these discussions fill a real need is indicated by the number of ambulant patients who take the opportunity to have their questions about child care discussed.

A further development this year has been the institution of a breast feeding program in response to requests from interested patients for attention equal to that provided mothers of formula-fed babies. This program has been of slow growth, the demand having become apparent late in 1950; the program officially got under way in December 1952. The plan was made with the approval and advice of the chiefs of staff in both the Obstetric and Pediatric Departments and with the help of their assistants. The program consists of two group conferences, one in anticipation of breast feeding and one before discharge from the hospital. The latter provides assistance in the initial stages of nursing the baby and referral for an early home visit if the patient wishes to have the help of the public health nurse.

This breast feeding program has been a satisfying experience in joint action, as representatives of the general nursing administration and school of nursing as well as representatives of the public health nursing agencies of the city have participated in planning and carrying out the program. The agencies have included the Department of Health, the Visiting Nurse Service of New York, the Visiting Nurse Association of Brooklyn, and the Community Service Society. It is the staff members of these agencies who are responsible for the follow-up outside the hospital, and who are serving on a committee for concurrent study of the service offered.

Nursing Education. A total of 86 students completed the undergraduate course in obstetric nursing: 64 were students of Cornell University-New York Hospital School of Nursing; 22 were affiliating students from the Skidmore College Department of Nursing. Five students in the advanced course in pediatric nursing at Teachers' College, Columbia University, had a

period of four days' observation in the newborn nurseries during October and November. Ten students in the advanced course in maternity nursing completed their field work in January and six are currently in the department. This field work involves two days each week in the out-patient and delivery services through the first college semester. One graduate student from Syracuse University had three weeks field work in nursing service administration in this department.

Changes in the school curriculum have necessitated thorough-going revision of the maternity nursing program for undergraduate students. The school term has been reduced from sixteen weeks to the more usual twelve week period and practice in gynecologic nursing has been reassigned to Private Patients Service. For the first time this department will share in the nursing arts instruction, one-fourth of the student group coming to Lying-In for pre-clinical practice in nursing. For the first time also this department will accept students for their first clinical experience. Because of their limited preparation, those students who had their first clinical practice in the department will return for two months during the summer of their senior year.

*The Nursing Staff.* Staff increases as of December 31, 1952 over the same day last year, were 14.5 graduates. Staffing, as represented by personnel actually on duty, has had wide fluctuations. The lowest point was reached in August during the peak of vacations. The problem was especially acute on the 43-bed surgical pavilion where there was an almost complete turnover in the graduate nurse staff during the month of July, including both head nurse and her assistant. The unusual up-swing in appointments of early September was a welcome one. Among other improvements we were able to make with better staffing was the assignment of graduate nurses to evening duty in three of the four nurseries, a condition of coverage which assures our standards, and which we have not been able to maintain regularly since pre-war conditions of nurse employment.

Twenty-one of our staff have been enrolled in college courses, two of them having completed the requirements for the Bache-

lor's degree. Two members of the supervisory staff attended the Fifth American Congress on Obstetrics and Gynecology held in Cincinnati in April. Two others were on the program at the Biennial Convention of the National League for Nursing and The American Nurses Association held in Atlantic City in June. A head nurse attended a two-day conference on tuberculosis held in Boston, in May, and a senior staff nurse was released for one week to attend the Convention of the State League and Nurses Association held in New York City in October. Three of the supervisors have prepared an article to be published in an early issue of the new publication *Nursing Outlook*. Staff education opportunities have continued for the development of the nursing staff and their improved contribution to the care of our patients. A study of individual differences in the activity patterns of normal newborn infants, being conducted in the nursery service by a research assistant from Cornell University Medical College, helps to focus the nurse's interest on the differences found in the responses of babies and highlights the need for individualized care. Nurses in this department can look forward to further opportunities as a result of the appointment of an administrative assistant to the director of the nursing service of the hospital, responsible for staff organization and education.

Visitors. More than 100 planned observation visits have been made by nurses and other professional workers from thirteen foreign countries and four states other than New York. Twenty members of the Visiting Nurse Service of New York have spent one day in the department. Other groups have come from the Maternity Center Association Midwifery Clinic and the Premature Institute conducted in the Pediatric Department. Eight school teachers and students in the course in developmental psychology at Columbia University observed the behavior of newborn infants.

Volunteers. Volunteers have again distinguished themselves in this department, particularly in the Admitting Unit and in the Out-Patient Service.

*Medical and Hospital Administration.* Among the many members of the medical staff whose patience, understanding, and help, I would like to acknowledge, are Dr. R. G. Douglas, Dr. S. Z. Levine, Dr. M. E. Mercer, Dr. B. M. Korsch. Mrs. M. T. Overholser continues to be indispensable in much of our planning for both patients and students. Thanks also are due Miss Newton, Director of Out-Patient Nursing, and her staff, for cooperation essential to the progress reported.

The interest and cooperation of the representatives of the public health nursing agencies of the city is something which we hope to keep alive and active.

Respectfully submitted,

VERDA F. HICKCOX,  
*Head of Obstetrical and Gynecological  
Nursing Service.*

Jan. 12, 1953.

LADIES' AUXILIARY  
TO  
THE SOCIETY OF THE LYING-IN HOSPITAL

REPORT OF THE PRESIDENT FOR 1952

In presenting the Annual Report of the Ladies' Auxiliary to The Society of The Lying-In Hospital, I would particularly like to express the Board's appreciation of Mrs. Pryibil's devoted and capable efforts in her dual capacity as Treasurer and Chairman of the Ways and Means Committee. To date, 193 contributors to the United Hospital Fund have aggregated \$6,916.97.

Again the Babies' Alumni has surpassed its previous records under Mrs. Grier's able leadership. Last year's record of \$5,644.00 was topped in 1952 by \$6,704.00. There were 1,977 new registrations and 1,774 renewals and 11 donations.

We are also delighted that the able Chairman of the Babies' Class, Mrs. Graham G. Hawks, reports an increase of \$52.00 from the 1951 total of \$245.00. Under the supervision of the House Committee Chairman, Mrs. Clarence Van S. Mitchell, 6 large and 3 small layettes were issued to needy mothers returning home. Again we are indebted to WOR for their most generous contribution of 115 layettes. We extend our warmest appreciation to them for this welcome gift.

Mrs. John O. von Hemert, Recording Secretary and Mrs. William A. W. Stewart, Corresponding Secretary, have once more earned our heartiest thanks for their efficient work of the past year.

The Board regretfully accepted the resignation of our Occupational Therapy Director, Mrs. Ruth Friess, who skillfully guided the department until it closed in mid June. The emphasis placed on helping long term patients has been continued following the departmental re-organization, whereby we share with other departments the creative leadership of Mrs. Zivia Cohen, new assistant in the Occupational Therapy Department, under the direction of Mrs. Claire Glasser. She has encouraged patients to make use of the workshop.

May we express our most sincere thanks to the Board of Governors for their financial assistance to us during the past year to support our Social Service Department.

Our deepest appreciation goes to Mrs. Virginia T. Kinzel and her staff for their magnificent work during the past year.

Respectfully submitted,

A. ROUTH VON HEMERT,  
*President.*

# LADIES' AUXILIARY TO THE SOCIETY OF THE LYING-IN HOSPITAL

## Statement of Cash Receipts and Cash Disbursements of the Treasurer for the Year Ended December 31, 1952

CASH BALANCE, JANUARY 1, 1952 (including General Fund with Treasurer of Ladies' Auxiliary \$1,000 and The Abraham L. Danziger Fund \$147.90).... \$ 5,148.53

### RECEIPTS:

#### Dues:

Patron.....	\$ 600.00	
Associate.....	150.00	
Contributing.....	275.00	
Sustaining.....	630.00	\$ 1,655.00

#### Donations:

United Hospital Fund (including Greater New York Fund).....	\$ 6,379.37	
The Society of the New York Hospital.....	5,800.00	
Other.....	73.90	12,253.27

Babies Alumni—Dues.....	6,698.30
Babies Class—Dues.....	277.00
Sales—Occupational Therapy Materials.....	103.98

#### Refunds by patients:

Cash Relief.....	16.60
Medicine and Dressings.....	1.25

Total Receipts.....	21,005.40
	<u>\$26,153.93</u>

### DISBURSEMENTS:

#### Salaries:

Professional Staff.....	\$15,934.50	
Clerical Staff.....	3,619.45	19,553.95

Supplies and Expense.....	1,205.25
Medical Relief.....	30.18
Transportation of Patients.....	5.19
Occupational Therapy Materials.....	196.81
Advances to Patients—Cash Relief.....	34.38
Purchase of Equipment for Patients from Abraham L. Danziger Fund.....	24.37

Total Disbursements.....	21,050.13
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CASH BALANCE, DECEMBER 31, 1952 (including General Fund with Treasurer of Ladies' Auxiliary \$1,000 and The Abraham L. Danziger Fund \$123.53)....	\$ 5,103.80
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Respectfully submitted,

HELEN P. PRYBIL, *Treasurer.*

LADIES' AUXILIARY  
TO  
THE SOCIETY OF THE LYING-IN HOSPITAL

1953

OFFICERS

MRS. A. PHILIPPE VON HEMERT . . . . .	<i>President</i>
MRS. E. FARRAR BATESON . . . . .	<i>Vice-President</i>
MRS. PAUL PRYIBIL . . . . .	<i>Treasurer</i>
MRS. GRAHAM G. HAWKS . . . . .	<i>Assistant Treasurer</i>
MRS. JOHN O. VON HEMERT . . . . .	<i>Recording Secretary</i>
MRS. E. FARRAR BATESON . . . . .	<i>Corresponding Secretary</i>

MEMBERS OF THE BOARD OF THE LADIES' AUXILIARY

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MRS. MYRON I. BUCHMAN	MRS. PAUL PRYIBIL
MRS. ROBERT S. GRIER	MRS. FRANCIS J. RUE
MRS. GRAHAM G. HAWKS	MRS. A. PHILIPPE VON HEMERT
MRS. CLARENCE VAN S. MITCHELL	MRS. JOHN O. VON HEMERT
MRS. ALEXANDER P. MORGAN	

ADVISORY COMMITTEE

MRS. PAUL G. PENNOYER	MRS. JOHN C. HUGHES
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MRS. CLARENCE VAN S. MITCHELL . . . . .	<i>Chairman of House Committee</i>
MRS. ROBERT S. GRIER . . . . .	<i>Chairman of Babies' Alumni</i>
MRS. GRAHAM G. HAWKS . . . . .	<i>Chairman of Babies' Class</i>
MRS. PAUL PRYIBIL . . . . .	<i>Chairman of Ways and Means</i>

LADIES' AUXILIARY  
TO  
THE SOCIETY OF THE LYING-IN HOSPITAL

MEMBERS

Andrews, Mrs. De Lano  
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Bartow, Mrs. Francis D.  
Bateson, Mrs. E. Farrar  
Bell, Mrs. W. Howard  
Bodman, Mrs. Herbert L.  
Brown, Mrs. Donald W.  
Buchman, Mrs. Myron I.  
Budd, Mrs. Kenneth P.  
Burton, Mrs. Crawford  
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Glassman, Mrs. Oscar  
Greve, Mrs. William M.  
Grier, Mrs. Robert S.  
Griswold, Mrs. William E. S.  
Hammond, Mrs. Paul L.  
Hard, Mrs. De Courcy L.  
Harder, Mrs. Lewis B.  
Harriman, Mrs. E. Roland N.  
Harris, Mrs. Henry P. U.  
Harrower, Mrs. Gordon  
Hawks, Mrs. Graham G.

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Hughes, Miss Mildred Gray  
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Mitchell, Mrs. Clarence Van S.  
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Morgan, Mrs. Henry S.  
Morgan, Mrs. Junius S.  
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Pierce, Mrs. Palmer E.  
Pratt, Mrs. Harold Irving  
Prince, Mrs. Frederick H., Jr.  
Pryibil, Mrs. Paul  
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Redmond, Mrs. Roland L.  
Robertson, Mrs. Hugh S.  
Rudloff, Mrs. John A.  
Rue, Mrs. Francis J.  
Russell, Mrs. Milburn  
Sackett, Mrs. Nelson

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Smith, Mrs. Frank R.  
Smithers, Mrs. Christopher D.  
Stewart, Mrs. William A. W.  
Stander, Mrs. Henricus J.  
Symington, Mrs. J. Fife, Jr.  
Tappin, Mrs. Huntington  
Tibbett, Mrs. Lawrence M.  
Tompkins, Mrs. Boylston A.

Trevor, Mrs. Bronson  
von Hemert, Mrs. A. Philippe  
von Hemert, Mrs. John O.  
von Stade, Mrs. F. Skiddy  
Wardwell, Mrs. Allen  
Wellington, Mrs. Herbert G.  
Whitridge, Mrs. Arnold  
Williamson, Mrs. Hervey C.  
Woods, Mrs. Arthur

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## ENDOWED BEDS

*A bed may be endowed by a donation of not less than ten thousand dollars to the general funds of the Society. The endowment of a bed entitles the donor to nominate, subject to the Rules and Regulations of the Hospital, a patient to the use and occupancy of one bed in the Pavilions of the Hospital free of charge, except for special service, for a total of as many days in any twelve months' period as may be determined by the Board of Governors. The privilege of nomination may not extend beyond the generation succeeding the donor, nor for longer than 25 years. The Governors may in their discretion accept such other gifts for endowed beds as they may deem for the best interest of the Society.*

- 1895 MR. AND MRS. GEORGE G. WILLIAMS. *In Memory of* MRS. ROBERT L. STUART  
1902 ANNA WOERISHOFFER. *In Memory of* ANTOINETTE, COUNTESS SEILERN  
1912 MRS. GEORGE P. EUSTIS. *In Memory of her mother,* LUCY MORGAN STREET  
1912 ANNA WOERISHOFFER. THE ANNA WOERISHOFFER BED  
1914 LILLA GAITES. THE MARIE STUART BED  
1916 HENRY CLAY FRICK  
1928 ESTATE OF HENRI D. DICKINSON. *In Memory of* IDA MAY DICKINSON

## ANNUAL REPORT OF THE SOCIAL SERVICE DEPARTMENT—1952

*Madam Chairman and Ladies:*

I have the pleasure of presenting the Annual Report for the Social Service Department for 1952.

The services of the Social Service Department have been maintained this year despite an unusual amount of sickness and several staff changes. We realize how fortunate we have been in past years in these two respects.

Seven thousand three hundred and seventy interviews and conferences were held with the 729 patients who were referred or appealed to us for help. An additional 4,538 interviews resulted from contacts with patients on whom no social service cases were made. Of this previous number 1,177 or 15.9 per cent were consultations with the doctors concerned in the care of the patient indicating the close teamwork relationship.

It was decided in October on an experimental basis to discontinue the 100 per cent coverage of the Obstetrical Clinic thereby enabling the staff to devote more time to the cases known through referral to have social problems. It is also hoped that this will sharpen the awareness of other personnel to the social factors in the treatment of a patient. This has resulted in a slight decrease in cases receiving service but it will be some time before an evaluation can be made since various other factors such as change of personnel, etc., were present.

The occupational therapy work initiated by the Ladies' Auxiliary in 1938 and administered in conjunction with the Social Service Department was discontinued in June of this year, the work of the part time therapist being transferred to The New York Hospital Occupational Therapy Department.

The work of Dr. Leo Simmons and Mr. Roy Dickerson of Yale University in the study of the sociological aspects of unmarried motherhood continued throughout this year but is

now completed. It was a rewarding experience for members of the Department to work with them and gratifying to be a part of and in a small way to contribute to such a study.

A cooperative project with the Lying-In Nursing Office enabled us to take part in the careful study of 70 Visiting Nurse referrals and assist in tabulating the statistical results.

This year marked the retirement of Miss Florence Wiegand who completed 15 years with the Department and whose contribution was immeasurable. Mrs. Amorette Von John also left the staff to be married, after 6 years of fine work.

We deeply appreciate the help and cooperation of the many people who make our work possible and who help us to carry it on. To the volunteers working with the Babies' Alumni we are especially grateful. We wish to thank the nurses, doctors and other hospital personnel for their cooperation and understanding.

We are greatly indebted to the Administration of the Hospital and to the Ladies' Auxiliary Board for their continued support and help throughout the year.

Respectfully submitted,

VIRGINIA T. KINZEL,  
*Director.*

## PATRONS AND BENEFACTORS

*A donor subscribing at one time to the funds of the Society the sum of five thousand dollars becomes a patron of the Society, and a person so subscribing the sum of five hundred dollars becomes a benefactor of the Society.*

### PATRONS

HARRIETTE M. ARNOLD  
ROBERT BACON  
GEORGE F. BAKER  
GEORGE F. BAKER, JR.  
EDWARD F. COLE  
BARONESS DE HIRSCH  
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MRS. THOMAS W. LAMONT  
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JOSEPH F. LOUBAT

J. PIERPONT MORGAN  
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HENRY PHIPPS  
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THOMAS F. RYAN  
CHARLES STEELE  
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WILLIAM K. VANDERBILT

PAYNE WHITNEY

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MRS. DUNBAR W. BOSTWICK  
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JOHN CLAFLIN  
ALFRED CORNING CLARK  
WILLIAM R. CRAIG  
MRS. FREDERIC CROMWELL  
ASA B. DAVIS, M.D.  
JOHN W. DAVIS  
MRS. GEORGE E. DODGE  
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WALTER E. FREW  
ELBERT H. GARY  
EDWIN GOULD  
MRS. GEORGE J. GOULD  
WALTER S. GURNEE  
WILLIAM D. GUTHRIE  
W. PIERSON HAMILTON  
MRS. W. PIERSON HAMILTON  
MRS. CHARLES W. HARKNESS  
MRS. E. HENRY HARRIMAN

MRS. JAMES NORMAN HILL  
CLARENCE M. HYDE  
JAMES H. JONES  
MRS. AUGUSTUS D. JUILLIARD  
MRS. SIDNEY A. KIRKMAN  
WILLIAM G. LOW  
MRS. JAMES McLEAN  
CLARENCE H. MACKAY  
JOHN MARKLE  
JOHN MAYER  
MRS. JOHN GODFREY MOORE  
JUNIUS S. MORGAN, JR.  
OSWALD OTTENDORFER  
WILLIAM H. PORTER  
WILLIAM E. RANDOLPH  
NORMAN B. REAM  
HENRY SANDERSON  
HERBERT L. SATTERLEE  
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MARY SCOVILLE  
FRANCIS LYNDE STETSON  
HENRY A. C. TAYLOR  
MRS. VANDERBILT  
MRS. FRED W. VANDERBILT  
MRS. SIDNEY WEBSTER  
F. DELANO WEEKES  
GRACE G. WILKES  
GEORGE G. WILLIAMS  
EGERTON L. WINTHROP  
MRS. ROBERT WINTHROP

ANNA WOERISHOFFER

## DISTRIBUTION OF BEDS

OBSTETRICAL	<i>Adult</i>	<i>Bassinets</i>
Private.....	16	16
Semi-Private.....	39	28
Pavilion.....	72	68
Total.....	<u>127</u>	<u>112</u>
GYNECOLOGICAL		
Private.....	10	
Semi-Private.....	26	
Pavilion.....	44	
Total.....	<u>80</u>	
Total Adult Beds.....	207	
Total Bassinets.....	112	Total <u>319</u>

## DISCHARGES

OBSTETRICAL (Adults)			
Private.....	637		
Semi-Private.....	1,673		
Pavilion.....	<u>2,880</u>	<u>5,190</u>	
GYNECOLOGICAL			
Private.....	225		
Semi-Private.....	642		
Pavilion.....	<u>1,070</u>	<u>1,937</u>	<u>7,127</u>
NEWBORN.....			4,194
INFANT BOARDERS.....			<u>1</u>
			<u>11,322</u>

## SUMMARY OF

### OBSTETRICAL AND GYNECOLOGICAL SERVICES

September 1, 1932—December 31, 1952

#### TOTAL NUMBER

Obstetrical adult patients (Indoor, Outdoor, Berwind)....	89,381
Infants (Indoor, Outdoor, Berwind).....	74,190
Gynecological patients.....	<u>28,532</u>
GRAND TOTAL.....	192,103

# STATISTICS

## OBSTETRICAL DEPARTMENT

January 1, 1952—December 31, 1952

### TOTAL DISCHARGES

*Abortion, operative.....	360
Abortion, spontaneous.....	53
Premature operative delivery.....	95
Premature spontaneous delivery.....	166
Full term operative delivery.....	1,426
Full term spontaneous delivery.....	2,461
Extrauterine pregnancy, tubal.....	29
Hydatidiform mole, benign.....	5
Discharged before delivery.....	516
Infant boarder.....	1
Postpartum (within 6 weeks).....	70
Postpartum (after 6 weeks).....	9
<b>TOTAL.....</b>	<b>5,191</b>

### RACE (PREGNANCIES)

White.....	4,344
Colored.....	251
<b>TOTAL.....</b>	<b>4,595</b>

### PRESENTATION (FULL TERM AND PREMATURE DELIVERIES)

Vertex.....	3,918
Breech.....	206
Brow.....	2
Face.....	8
Transverse.....	10
Compound.....	1
Not stated.....	3
<b>TOTAL.....</b>	<b>4,148</b>

\*In this report weight is the standard for classification of infants as follows:

	<i>Weight in grams</i>
Abortion.....	Less than 500
Premature infant.....	500-2499
Full term infant.....	2500 and over

## OPERATIONS (FULL TERM AND PREMATURE DELIVERIES)

Forceps	
Low.....	603
Low-Mid.....	335
Mid.....	188
High.....	5
	<hr/>
TOTAL.....	1,131

Incidence of Forceps = 27.3%

Breech extraction.....	135
Version and extraction.....	7
Manual removal of placenta.....	33
Rotation instigated by forceps.....	1
Failed forceps.....	1
Manual extraction of shoulders.....	2
Episiotomy (spontaneous and operative deliveries).....	2,955
Repair third degree laceration (spontaneous and operative deliveries).....	109
Cesarean Section	
Classical.....	47
Low Cervical.....	161
Extraperitoneal.....	2
Radical (hysterectomy).....	1
	<hr/>
TOTAL.....	211

Incidence of Cesarean Section

Total.....	5.1%
Private.....	6.6%
Pavilion.....	4.0%

## INDICATIONS FOR CESAREAN SECTION

Contracted Pelvis and Mechanical Dystocia	
Cephalopelvic disproportion.....	20
Contracted pelvis.....	8
Presentation (3 transverse, 1 brow).....	4
Dystocia due to tumor.....	2
Cervical dystocia.....	1
Other.....	4
	<hr/>
TOTAL.....	39

### Toxemia

Eclampsia.....	1
Severe preeclampsia.....	3
Mild preeclampsia.....	1
	<hr/>
TOTAL.....	5

# INDICATIONS FOR CESAREAN SECTION—Continued

Previous Cesarean Section.....	65
Hemorrhage	
Placenta previa.....	11
Premature separation of placenta.....	16
Previous placenta accreta.....	1
	<hr/>
TOTAL.....	28
Intercurrent Disease	
Diabetes.....	11
Carotoid aneurysm.....	1
Detached retina.....	1
	<hr/>
	13
Miscellaneous	
Elderly primipara.....	34
Prolapsed cord.....	2
Fetal distress.....	20
Lack of progress.....	3
Failed forceps.....	1
Severe RLQ pain and unengaged head.....	1
	<hr/>
TOTAL.....	61
GRAND TOTAL.....	<hr/> 211

## OBSTETRICAL COMPLICATIONS

	<i>Discharged Before Delivery</i>	<i>Deliveries and Abortions</i>	<i>Postpartum Admis- sions</i>	<i>Total</i>
ANTEPARTUM				
Threatened abortion.....	71	128		199
Missed abortion.....		16		16
Placenta previa.....	2	20		22
Premature separation of placenta (2 abortions).....	2	53		55
Ruptured uterus.....		1		1
Other antepartum bleeding.....	63	320		383
Hydramnios.....	3	21		24
False labor.....	189	15		204
Tubal pregnancy.....		29		29
Hydatidiform mole, benign.....		5		5
Prolapsed cord.....		21		21
Contraction ring.....		7		7
Threatened premature labor.....	1	1		2
Undiagnosed pain.....	5	1		6
Intrauterine death of fetus.....	1	3		4
Antepartum thrombophlebitis.....	10	5		15
Separation of symphysis pubis.....		3		3
Antepartum infection.....	2	1		3

## OBSTETRICAL COMPLICATIONS—Continued

	<i>Discharged Before Delivery</i>	<i>Deliveries and Abortions</i>	<i>Postpartum Admis- sions</i>	<i>Total</i>
<b>ANTEPARTUM—Continued</b>				
Cervical dystocia .....		2		2
Prolonged labor (deliveries only) .....		63		63
Contracted pelvis (deliveries only) .....		158		158
<b>Toxemia</b> .....				
Antepartum eclampsia .....		4		4
Severe preeclampsia .....		25		25
Mild preeclampsia .....	15	146		161
Hypertensive disease .....	15	41	2	58
Renal disease .....	6	12	3	21
Toxemia unclassified .....	1	4		5
Renal disease and mild preeclampsia .....	1	2		3
Renal and hypertensive disease .....	1	2		3
Hypertensive disease and severe preeclampsia .....		2		2
Hypertensive disease and mild preeclampsia .....		10		10
Hypertensive disease and toxemia unclassified .....		1		1
Vomiting .....	45	15		60
Intrapartum infection .....		11		11
Cardiac failure during delivery .....		1		1
<b>POSTPARTUM</b>				
<b>Febrile postpartum course (deliveries and abortions)</b>				
Febrile—puerperal infection .....		56		56
—mastitis .....		5		5
—pyelitis .....		14		14
—intercurrent disease .....		12		12
—other (1 operative reaction, 2 thrombo- phlebitis, 1 eclampsia) .....		4		4
One day fever .....		161		161
Pneumonia .....		5		5
Other respiratory infections .....		16		16
Urinary retention .....		1		1
Urinary tract infection .....		28	2	30
Wound infection (post C.S. and post-salpingectomy) .....		3		3
Wound infection (episiotomy) .....		3		3
Breast abscess .....		1	20	21
Non-suppurative mastitis .....		20	6	26
Lymphedema, one leg .....		1		1
Thrombophlebitis .....		50	6	56
Postpartum hemorrhage (exclusive of C.S., 600 cc. +, deliveries only) .....		94		94
Puerperal bleeding .....		5	29	34
Postpartum eclampsia (1 death with diagnosis of cere- bral hemorrhage) .....		3		3
Subinvolution of uterus .....		2	1	3
Puerperal psychosis .....		3		3
Appendicitis .....		1		1
Peritonitis .....			1	1
Possible obstetrical paralysis .....		1		1
Vaginal or perineal hematoma .....		8		8
Endometritis, parametritis .....		5	6	11
Rectovaginal fistula .....		1		1
Disseminated exanthemata .....		1		1

## ANTEPARTUM AND CONCURRENT CONDITIONS

	<i>Discharged Before Delivery</i>	<i>Deliveries and Abortions</i>	<i>Postpartum Admis- sions</i>	<i>Total</i>
<b>GYNECOLOGICAL</b>				
Cystocele.....	7	181		188
Rectocele.....	6	115		121
Relaxed vaginal outlet.....	1	4		5
Old complete laceration of perineum.....	12	102	1	115
Carcinoma of cervix.....		1		1
Cervical polyp.....	5	48	1	54
Squamous metaplasia of cervix.....		4		4
Cervical erosion.....	36	503	2	541
Chronic cervicitis.....	2	33	1	36
Cystic cervix.....	6	87	1	94
Hypertrophy of cervix.....		3		3
Other cervical conditions.....	3	18		21
Vaginal septum.....	1	4		5
Bartholin gland cyst or abscess.....	1	6		7
Gartner's duct cyst.....		2		2
Vulval varicosities.....	3	58		61
Bicornuate uterus and other uterine anomaly.....	1	11		12
Myoma uteri.....	13	114	2	129
Endometrial polypi.....		5	1	6
Endometritis.....		4	2	6
Endometrial hyperplasia.....		1		1
Ovarian cyst or tumor.....	4	35		39
Endometriosis.....		11		11
Prolapse of ovary.....	1	3		4
Chronic follicular salpingitis.....		31		31
Other gynecological tumors.....	1	32		33
Other gynecological disease.....	20	134	4	158
<b>MEDICAL (Except Gynecological Disease)</b>				
Heart disease.....	46	223	7	276
Active chorea.....		1		1
Aortic arch aneurysm (congenital).....	1			1
Syphilis.....	8	47		55
Tuberculosis, pulmonary				
Active.....	1	9		10
Inactive.....	4	55		59
Questionable activity.....	1	7		8
Non-pulmonary tuberculosis, active and inactive.....	2	5		7
Bronchiectasis.....	1	3		4
Asthma.....	4	24	1	29
Pneumonia, antepartum.....	1	8		9
Common cold.....	15	57	2	74
Others of respiratory system.....	15	59	1	75
Diabetes.....	11	22		33
Epilepsy.....	1	7		8
Gonorrhea.....	1			1
Mental disease.....		10		10
Infectious hepatitis.....	2	3		5
Acute exanthemata.....	1	2	1	4
Pyelitis, antepartum.....	16	23		39
Urinary stone.....	1	2		3
Others of urinary system.....	18	27	2	47

## ANTEPARTUM AND CONCURRENT CONDITIONS—*Continued*

	<i>Discharged Before Delivery</i>	<i>Deliveries and Abortions</i>	<i>Postpartum Admis- sions</i>	<i>Total</i>
<b>MEDICAL (Except Gynecological Disease)—<i>Continued</i></b>				
Pulmonary infarct.....	1	1		2
Varicose veins, not vulval.....	26	203	1	230
Hemorrhoids.....	14	166	1	181
Others of circulatory system.....	9	67	2	78
Hernia—hiatus.....		1		1
—umbilical.....	2	7		9
—inguinal.....		5		5
—incisional.....	2	1		3
—abdominal wall.....		1		1
—ventral.....		2		2
Intestinal obstruction.....	3	3	1	7
Appendicitis.....	4	4	1	9
Others of digestive system.....	49	199	9	257
Multiple sclerosis.....		2		2
Others of nervous system and sense organs.....	27	90	1	118
Osteoma—brain (removed during pregnancy).....		1		1
Postoperative cancer—breast.....	2	2		4
Postoperative cancer—cerebellum.....		1		1
Postoperative cancer—thyroid.....		1		1
Lymphosarcoma.....		1		1
Hodgkin's disease.....		1		1
Leukemia.....		1		1
Tumors (exclusive of cancer).....	10	50	1	61
Anemia.....	10	51		61
Diseases of bone and muscle.....	7	93	6	106
Diseases of skin.....	5	117		122
Disease of thyroid or previous thyroidectomy.....	8	38	1	47
Other nutritional and endocrinological disease.....	8	23	3	34
Blood Dyscrasia.....	1	1		2
Sensitivity to drugs, analgesia or anesthesia.....	1	7		8
History of alcoholism.....	1			1

## SURGERY COMPLICATING PREGNANCY AND THE POSTPARTUM PERIOD

### SURGERY DURING PREGNANCY

Removal brain tumor (osteoma).....	1
Reduction and repair of incarcerated and incisional hernia, and exploratory laparotomy.....	1
Repair incisional hernia.....	1
Repair of umbilical hernia.....	1
Resection gangrenous small intestine and end-to-end anastomosis.....	1
Removal of kidney stone.....	1
Appendectomy (for appendicitis).....	2
Incidental appendectomy.....	2
Exploratory laparotomy, cholecystectomy and biopsy of liver.....	1
Myomectomy.....	2
Exploratory laparotomy for suspected ectopic pregnancy.....	1

## SURGERY COMPLICATING PREGNANCY AND THE POSTPARTUM PERIOD—*Continued*

### SURGERY DURING PREGNANCY—*Continued*

Diathermy re-attachment of retina.....	1
Cervical polypectomy.....	5
Biopsy, cervix.....	9
Cauterization, cervix.....	1
Incision Bartholin's gland.....	1
Excision Bartholin's cyst.....	1
Culdoscopy.....	1
Aspiration of cul de sac.....	2
Insert pessary.....	1
Incision congenital vaginal septum and repair of rent in bladder.....	1
Excision of breast tumor.....	5
Incision and drainage of breast abscess (recurrent carcinoma of right breast wall)....	1
Excision lipoma.....	1
Tooth extration.....	2

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### SURGERY AT TERMINATION OF PREGNANCY

#### AT CESAREAN SECTION

Bilateral resection dermoid cysts of ovary.....	1
Hysterectomy.....	1
Excision of peritoneal cyst.....	1
Repair umbilical hernia.....	1
Tubal sterilization and oophorectomy.....	1
Appendectomy.....	2
Myomectomy.....	4
Tubal sterilization.....	19
Repair rent in bladder.....	1
Excision tumor anterior abdominal wall (endometriosis).....	1
Excision nevus.....	1

#### AT TERMINATION OF EXTRAUTERINE PREGNANCY

Salpingectomy.....	13
Salpingectomy and tubal plastic (and other removal operation in 1).....	4
Salpingectomy and other removal operation.....	9
Exploratory laparotomy and appendectomy (spontaneous rupture of pregnancy)....	1
Salpingectomy and other non-removal operation.....	2

NOTE: The following procedures were performed in some of the above cases  
prior to laparotomy:

D&C... 10      Aspiration of cul de sac... 7      Culdoscopy... 1

#### AT COMPLETION OF ABORTION

Total hysterectomy.....	1
Total hysterectomy and other removal operation.....	3
Removal of ovarian cyst and appendectomy.....	1
Hysterotomy, polypectomy and appendectomy (placental polyp).....	1
Vaginal hysterectomy, anterior and posterior colporrhaphy.....	1
Excision of Bartholin's cyst.....	1
Cauterization of cervix.....	1
Cervical polypectomy.....	2
Biopsy of cervix.....	11
Other minor operative procedures.....	12

## SURGERY COMPLICATING PREGNANCY AND THE POSTPARTUM PERIOD—*Continued*

### SURGERY AT TERMINATION OF PREGNANCY—*Continued*

#### AT THERAPEUTIC INTERRUPTION OF PREGNANCY

Tubal sterilization.....	4
Tubal sterilization and myomectomy.....	1

#### AT VAGINAL DELIVERY

Repair of cervix.....	24
Perineorrhaphy.....	1
Partial excision of vaginal septum.....	1
Repair vaginal laceration (vaginal septum).....	1
Exploration of uterus.....	3
Tamponade of uterus.....	6
Excision Gartner's duct cyst, and vaginal inclusion cysts.....	4
Removal rectal tags.....	1
Excision nevus.....	1
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### SURGERY IN THE POSTPARTUM PERIOD

Total hysterectomy.....	2
Subtotal hysterectomy.....	1
Secondary closure abdominal incision.....	1
Salpingectomy and oophorocystectomy, biopsy of omentum, abdominal lipectomy (theca cell tumor).....	1
Salpingectomy and cornual resection (postpartum to spontaneous abortion).....	1
Appendectomy (1 with lysis of adhesions and 1 with excision of Meckel's diverticulum).....	2
Tubal sterilization.....	28
Incidental appendectomy.....	3
D&C for puerperal bleeding.....	31
Excision breast tumor.....	2
Incision and drainage breast abscess.....	21
Secondary repair of episiotomy.....	7
Repair of vaginal laceration.....	2
Evacuation vulval or perineal hematoma.....	3
Cervical polypectomy.....	1
Excision rectal polyp.....	2
Excision nevus, papilloma or other benign tumor.....	13
Other minor operative procedures.....	15
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## ANTEPARTUM DISCHARGES

### PRIMARY REASON FOR ADMISSION

#### OBSTETRICAL COMPLICATIONS

Threatened abortion.....	71
Placenta previa and premature separation (1 each).....	2
Antepartum bleeding.....	58
False labor.....	189
Threatened premature labor.....	1
Induction—unsuccessful.....	2
For consideration of induction, cesarean section or therapeutic interruption.....	4
Toxemia or history of toxemia.....	32
Vomiting.....	30
Severe suprapubic pain (not separation of symphysis).....	1
Diagnosis of pregnancy.....	1
Thrombophlebitis.....	6
Retained macerated fetus, induction failed.....	1
Suspected ectopic pregnancy.....	2
Evaluation of renal status (previous nephrectomy).....	5

#### GYNECOLOGICAL COMPLICATIONS

##### Operative

Major, abdominal.....	2
Major, non-abdominal.....	1
Minor.....	1

##### Non-Operative

Ovarian cyst.....	1
Congenital retrohymenal atresia.....	1
Myoma with interfibroid hemorrhage.....	1

#### MEDICAL AND SURGICAL COMPLICATIONS (Excluding Gynecological Disease)

##### Operative

Major, abdominal.....	4
Minor.....	3

##### Non-Operative

Aortic arch aneurysm, congenital.....	1
Heart disease.....	10
Tuberculosis.....	10
Diabetes.....	9
Probable pulmonary infarct.....	1
Homologous serum hepatitis.....	1
Intestinal obstruction.....	1
Strangulated umbilical hernia with perforation.....	1
Volvulus of sigmoid.....	1
Other diseases of digestive system.....	19
Thrombosis anterior facial vein.....	1
Neurodermatitis.....	1
Grave's disease, severe.....	1
Psychoneurosis and other nervous diseases.....	6
Anemia (iron deficiency).....	2
Diseases of respiratory system.....	7
Diseases of urinary system.....	14
Undiagnosed pain.....	11

## POSTPARTUM ADMISSIONS

### PRIMARY REASON FOR ADMISSION

Puerperal bleeding.....	28
Pelvic inflammatory disease with peritonitis.....	1
Puerperal infection—febrile.....	2
Endometritis, parametritis.....	3
Acute appendicitis.....	2
Acute cholecystitis.....	1
Ureterolithiasis.....	1
Unexplained rectal bleeding.....	1
Admitted for tubal sterilization.....	2
Breast abscess.....	20
Mastitis.....	5
Thrombophlebitis.....	5
Pyelonephritis.....	3
Admitted following delivery.....	3
Undiagnosed pain.....	2
	<hr/>
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# LIVE BIRTHS, DEADBORN AND TOTAL BIRTHS, NEONATAL AND TOTAL DEATH RATES PER 100

## BY BIRTH WEIGHT IN GRAMS {Including Twins}

Weight in Grams	Live Births	Neonatal Deaths	Neonatal Death Rate Per 100 Live Births	Deadborn	Total Births (Live and Deadborn)	Total Deaths (Neonatal and Deadborn)	Total Death Rate per 100 Total Births
500- 999.....	17	15	88.2	5	22	20	90.9
1,000-1,499.....	25	11	44.0	8	33	19	57.6
1,500-1,999.....	42	5	11.9	9	51	14	27.5
2,000-2,499.....	175	6	3.4	8	183	14	7.7
2,500-2,999.....	713	3	0.4	6	719	9	1.3
3,000-3,499.....	1,612	7	0.4	12	1,624	19	1.2
3,500-3,999.....	1,176	2	0.2	4	1,180	6	0.5
4,000-4,499.....	334	1	0.3		334	1	0.3
4,500-4,999.....	32		0.0	1	33	1	3.0
5,000+.....	6		0.0	1	7	1	14.3
Unknown weight.....	*8	2	25.0		8	2	25.0
Total.....	4,140	52	1.3	54	4,194	106	2.5
1,000 and over.....	4,123	37	0.9	49	4,172	86	2.1
1,500 and over.....	4,098	26	0.6	41	4,139	67	1.6

\*Not weighed immediately after birth, 3 of full term weight, 5 of premature weight.

# MATERNAL MORTALITY FOR PERIOD

September 1, 1932—December 31, 1952

## PAVILION, PRIVATE AND BERWIND OUTDOOR SERVICES

During this period there were 108 deaths in 89,381 discharged patients; a maternal mortality rate of 0.12 per cent or 1.2 per 1,000 patients discharged, or 1.4 per 1,000 pregnancies. In 1952 there were four deaths giving a maternal mortality rate of 0.8 per 1,000 patients discharged, or 0.9 per 1,000 pregnancies. The causes of death in these patients are shown in the following table:

<i>Cause of Death</i>	<i>1932 to 1937</i>	<i>1938 to 1944</i>	<i>1945 to 1951</i>	<i>1952</i>	<i>Total</i>	<i>Grand Total</i>	<i>Per Cent Total</i>
Infection							
Antepartum	1	..	..	..	1	19	17.6
Postpartum							
Puerperal infection	4	1	..	..	5		
Peritonitis following cesarean section	5	1	..	..	6		
Peritonitis following ruptured appendix	..	2	..	..	2		
Postabortal	1	3	1	..	5		
Pneumonia							
Antepartum	2	..	..	..	2	7	6.5
Postpartum	4	..	1	..	5		
Hemorrhage							
Antepartum							
Placenta previa	1	..	..	..	1	19	17.6
Premature separation of placenta	3	..	..	..	3		
Postpartum							
Vaginal delivery	4	4	1	..	9		
Following cesarean section	2	1	..	..	3		
Ruptured uterus	1	1	..	..	2		
Ectopic pregnancy	..	1	..	..	1		
Toxemia							
Acute yellow atrophy	2	1	..	..	3	5	4.6
Eclampsia	1	..	..	1	2		
Cardiac disease							
Antepartum	2	5	6	..	13	18	16.7
Postpartum	3	1	1	..	5		
Embolus	4	7	1	..	12	12	11.1
Pyelonephritis	2	..	..	1	3	3	2.8
Necrosis of renal cortices	..	..	1	..	1	1	0.9
Cerebrovascular accident	2	2	2	..	6	6	5.6
Anesthesia	1	1	..	..	2	2	1.9
Transfusion reaction	..	1	1	..	2	2	1.9
Tuberculosis, miliary	1	..	..	..	1	1	0.9
Chorioepithelioma (postpartum)	1	1	..	..	2	2	1.9
Carcinoma of breast	..	..	1	2	3	3	2.8
Carcinoma of liver	..	..	1	..	1	1	0.9
Carcinoma of thyroid	..	..	1	..	1	1	0.9
Melanocarcinoma skin of right buttock	..	..	1	..	1	1	0.9
Sarcoma (neurogenic) of left buttock	..	..	1	..	1	1	0.9
Blood dyscrasia-erythroblastic splenomegaly	1	..	..	..	1	1	0.9
Suicide (undelivered)	1	..	..	..	1	1	0.9
Colitis, subacute	..	1	..	..	1	1	0.9
Not determined (insufficient data)	1	..	..	..	1	1	0.9
Total	50	34	20	4	108	108	100.0

# STATISTICS

## GYNECOLOGICAL DEPARTMENT

January 1, 1952—December 31, 1952

TOTAL DISCHARGES.....	1,937
Race	
White.....	1,751
Colored.....	186
TOTAL.....	1,937

### DIAGNOSIS ON DISCHARGE

#### VULVA

Bartholin gland abscess or cyst.....	41
Benign tumor.....	17
Carcinoma.....	5
Condylomata.....	3
Congenital abnormalities.....	2
Diseases of hymen.....	28
Leukoplakia.....	6
Pruritis.....	4
Vulvitis.....	11
Others of vulva.....	25

#### VAGINA AND PERINEUM

Benign tumor.....	12
Congenital abnormalities.....	3
Cul-de-sac hernia.....	28
Cystocele.....	325
Rectocele.....	283
Gartner's duct tumor.....	5
Inclusion cyst.....	16
Old perineal laceration.....	8
Rectovaginal fistula.....	7
Relaxed outlet.....	330
Stricture.....	28
Ureterovaginal fistula.....	5
Recto-perineal fistula.....	1
Vaginitis.....	31
Vesicovaginal fistula.....	3
Others of vagina and perineum.....	82

## DIAGNOSIS ON DISCHARGE—*Continued*

### CERVIX

Carcinoma, squamous (invasive).....	97
Carcinoma, in situ.....	12
Basaler hyperactivity.....	25
Cervicitis.....	623
Congenital abnormalities.....	4
Descensus.....	178
Endometriosis.....	3
Erosion.....	203
Hyperkeratosis.....	32
Hypertrophy.....	238
Laceration.....	201
Myoma.....	7
Polyp.....	188
Other benign tumors.....	3
Squamous metaplasia.....	128
Stenosis.....	49
Cystic.....	607
Others of cervix.....	58

### UTERUS

Atrophic endometrium.....	165
Adenomyoma.....	11
Adenomyosis.....	190
Carcinoma.....	44
Carcinoma in situ.....	4
Congenital abnormalities.....	5
Endometriosis.....	41
Endometritis.....	11
Hyperplasia of endometrium.....	80
Menorrhagia.....	513
Metrorrhagia.....	484
Myoma.....	643
Polyp.....	287
Procidentia.....	14
Pyometria.....	2
Retroversion.....	147
Other malposition.....	111
Sarcoma.....	7
Tuberculosis.....	3
Other benign tumors.....	15
Others of uterus.....	88

## DIAGNOSIS ON DISCHARGE—*Continued*

### TUBE

Benign tumor.....	5
Carcinoma.....	1
Congenital abnormalities.....	2
Endometriosis.....	19
Hematosalpinx.....	9
Hydrosalpinx.....	47
Pyosalpinx.....	3
Perisalpingitis.....	34
Salpingitis.....	180
Tubo-ovarian abscess.....	3
Tuberculosis.....	3
Others of tube.....	65

### OVARY

Carcinoma.....	32
Congenital abnormalities.....	2
Corpus luteum cyst.....	98
Dermoid cyst.....	19
Endometrial cyst.....	35
Endometriosis.....	23
Fibroma, fibroadenoma.....	9
Follicular cyst.....	131
Perioophoritis.....	81
Para-ovarian cyst.....	9
Prolapse.....	29
Pseudomucinous cystadenoma.....	11
Serous cystadenoma.....	9
Simple retention cyst.....	56
Other cysts and tumors.....	135
Tuberculous.....	3
Others of ovary.....	44

### OTHER CONDITIONS

Endometriosis—other genital.....	10
Endometriosis—extra genital.....	18
Pelvic abscess.....	2
Pelvic peritonitis.....	4
Syphilis.....	42
Urethrocele.....	117
Other (miscellaneous), gynecological and associated pelvic conditions.....	1,434

### OPERATIONS

Major.....	871
Minor.....	895
<b>TOTAL.....</b>	<b>1,766</b>

# **TOTAL OPERATIONS AND PROCEDURES PERFORMED ON PATIENTS DISCHARGED FROM GYNECOLOGICAL SERVICE 1952\***

## **VAGINAL AND PERINEAL**

Dilatation of cervix.....	8
Dilatation and curettage..	1,102
Tubal insufflation.....	31
Biopsy cervix.....	254
Other biopsy.....	47
Insertion of pessary.....	38
Insertion of radium.....	6
Cauterization of cervix..	43
Bartholin's excision.....	24
Bartholin's incision and drainage.....	14
Removal inclusion cyst..	11
Removal Gartner's cyst..	5
Hymenotomy.....	6
Cervical repair.....	10
Polypectomy.....	61
Amputation cervix.....	73
Vulvectomy.....	5
Perineorrhaphy.....	7
Anterior colporrhaphy..	233
Posterior colporrhaphy..	246
Other vaginoplasty.....	6
Vaginal myomectomy...	3
Repair cul-de-sac hernia..	13
Vaginal hysterectomy...	78
Culdoscopy.....	7
Colpotomy.....	8
Excision of cervical stump	8
Other vaginal operations	80

Radical hysterectomy and lymphadenectomy.....	14
Pelvic evisceration and lymphadenectomy.....	2
Salpingectomy, unilateral	96
Salpingectomy, bilateral.	231
Oophorectomy, unilateral	118
Oophorectomy, bilateral.	224
Resection of ovary.....	89
Removal para-ovarian cyst.....	6
Cauterization endometrial implants.....	12
Tubal sterilization.....	7
Salpingostomy.....	18
Other abdominal operations.....	27

## **URINARY TRACT OPERATIONS**

Plication urethra.....	14
Supra-pubic suspension urethra.....	35
Repair vesico-vaginal fistula.....	3
Repair uretero-vaginal fistula.....	2
Biopsy.....	4
Excision urethral caruncle	4
Transplantation of ureters	3
Other operations.....	20

## **ABDOMINAL GYNECOLOGICAL OPERATIONS**

Total hysterectomy.....	339
Subtotal hysterectomy...	26
Myomectomy.....	64
Suspension.....	55

## **RECTAL OPERATIONS**

Repair recto-vaginal fistula.....	1
Hemorrhoidectomy.....	19
Polypectomy.....	5
Other operations.....	17

\*This table refers to operations and procedures performed during the patient's hospital admission.

OTHER ABDOMINAL  
OPERATIONS

Exploratory laparotomy—no removal.....	16
Exploratory laparotomy—biopsy.....	34
Release of adhesions.....	88
Appendectomy.....	263
Repair hernia.....	18
Secondary closure.....	1
Colostomy.....	3

OTHER OPERATIONS

Paracentesis.....	7
Other operations.....	155

NON-OPERATIVE PROCEDURES

Examination under anesthesia.....	1,716
Proctoscopy.....	125
Cystoscopy.....	115
Other.....	62

THERAPY, NON-OPERATIVE

Transfusions.....	299
X-ray.....	27

# MORTALITY ON THE GYNECOLOGICAL SERVICE

FOR THE PERIOD—September 1, 1932—December 31, 1952

During this period there were 194 deaths in 28,532 discharged patients, giving a gross mortality of 0.68% or 6.8 per thousand patients discharged.

	Postoperative Mortality			
	1952		1932-1952	
	Operations	Deaths	Operations	Deaths
Major.....	871	4	10,752	66
Minor.....	895	2	14,146	32
Total.....	1,766	6	24,898	98

The incidence of postoperative mortality = 0.34% (3.4 per thousand) for 1952 and for the whole period, 0.39% (3.9 per thousand).

The causes of death in these 194 patients are shown in the following table:

Cause of Death	1932-1937	1938-1944	1945-1952	1952	Total
Acute leukemia.....	..	..	1	..	1
Air embolism.....	..	1	..	..	1
Asphyxia.....	..	..	1	..	1
Carcinoma of bladder.....	..	1	..	..	1
Carcinoma, bronchogenic.....	..	..	1	..	1
Carcinoma, breast.....	..	..	1	..	1
Carcinoma of cervix.....	3	7	25	3	38
Carcinoma of colon.....	..	2	..	..	2
Carcinoma of ovary.....	7	17	26	4	54
Carcinoma of pancreas.....	..	..	1	..	1
Carcinoma of rectum.....	..	..	1	..	1
Carcinoma, sigmoid.....	..	..	1	..	1
Carcinoma of tube.....	..	1	..	..	1
Carcinoma of urethra.....	..	1	..	..	1
Carcinoma of uterus.....	1	7	11	2	21
Carcinoma of vagina.....	1	..	1	..	2
Carcinoma of vulva.....	..	1	1	..	2
Cardiac failure.....	1	..	3	..	4
Coronary thrombosis.....	..	1	1	1	3
Diabetes.....	..	2	..	..	2
Hemorrhage, cerebral.....	1	..	..	..	1
Hemorrhage, cervical myoma.....	1	..	..	..	1
Hepatic abscess.....	..	1	..	..	1
Krukenberg tumor.....	1	1	..	..	2
Leiomyosarcoma, pelvis—site of origin unknown.....	..	..	1	..	1
Malignant lymphoma.....	..	..	1	..	1
Malignant melanoma.....	1	..	..	..	1
Narcosis (gas, oxygen, ether).....	..	3	..	..	3
Nephritis.....	..	..	..	1	1
Pelvic inflammatory disease.....	1	..	..	..	1
Pelvic malignancy (type?).....	2	..	..	..	2
Peritonitis.....	3	2	..	..	5
Pneumonia.....	2	1	..	..	3
Pseudothrombophilia.....	..	..	1	..	1
Pulmonary embolus.....	2	9	3	..	14
Ruptured appendix.....	1	1	..	..	2
Sarcoma of ovary.....	1	..	..	..	1
Sarcoma of pancreas.....	..	1	..	..	1
Sarcoma of uterus.....	1	4	3	..	8
Theca granulosa cell tumor.....	..	1	..	..	1
Thrombo-embolism.....	..	..	1	..	1
Tuberculosis, miliary.....	..	1	..	..	1
Tuberculosis peritonitis.....	..	..	..	1	1
Uremia.....	..	1	..	..	1
Total.....	30	67	85	12	194

FIG. 1  
INCIDENCE OF PRIVATE, SEMI-PRIVATE AND PAVILION  
DISCHARGES ON OBSTETRICAL SERVICE  
1932-1952

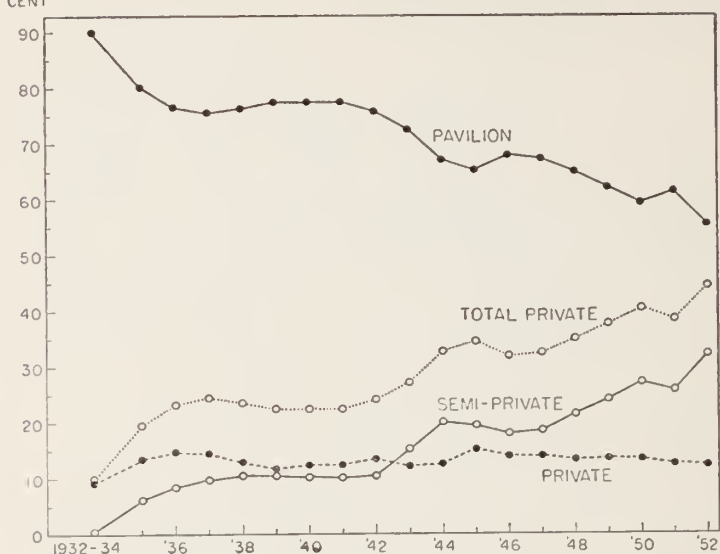


FIG. 2  
INCIDENCE OF PRIVATE, SEMI-PRIVATE AND PAVILION  
DISCHARGES ON GYNECOLOGICAL SERVICE  
1937-1952

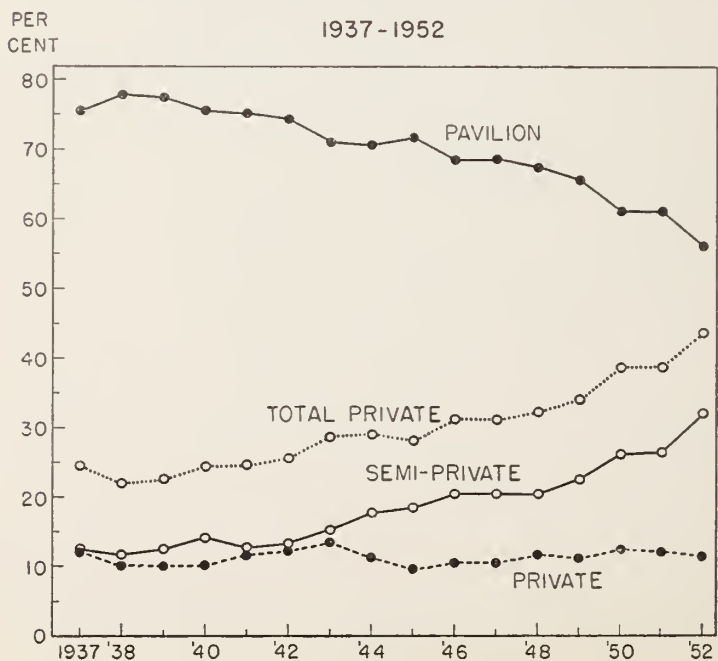


FIG. 3  
INCIDENCE OF PUERPERAL INFECTION  
AND OTHER FEBRILE MORBIDITY IN DELIVERIES  
1932-1952

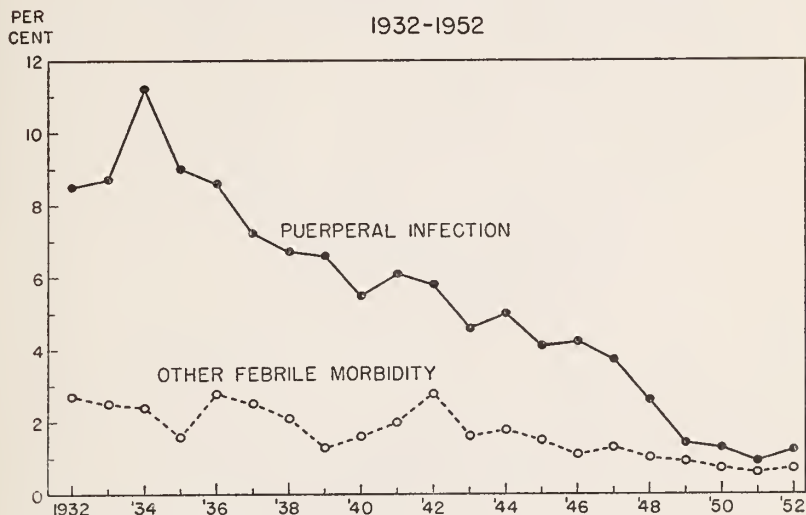


FIG. 4  
INCIDENCE OF PROLONGED LABOR (30 HOURS OR MORE)  
IN FULL TERM DELIVERIES  
1932-1952

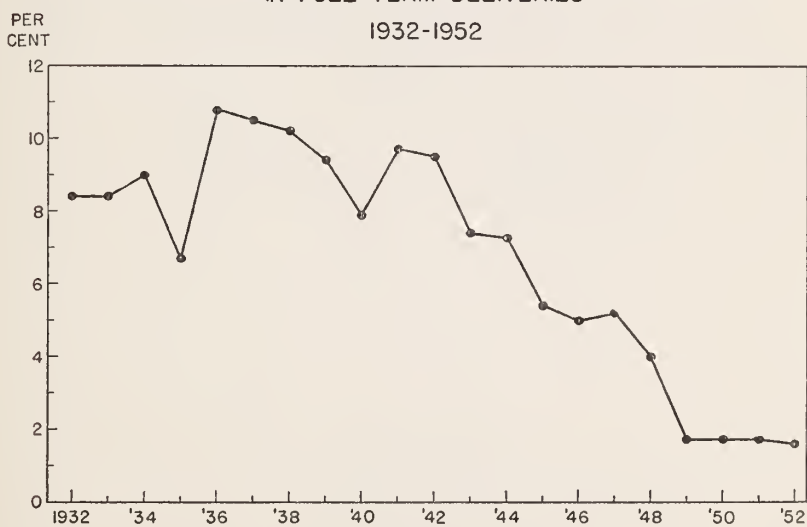


FIG. 5

INCIDENCE OF ECLAMPSIA, SEVERE PREECLAMPSIA  
AND TOTAL TOXEMIA (EXCLUSIVE OF VOMITING) IN  
TOTAL PREGNANCIES (DELIVERIES AND ABORTIONS)

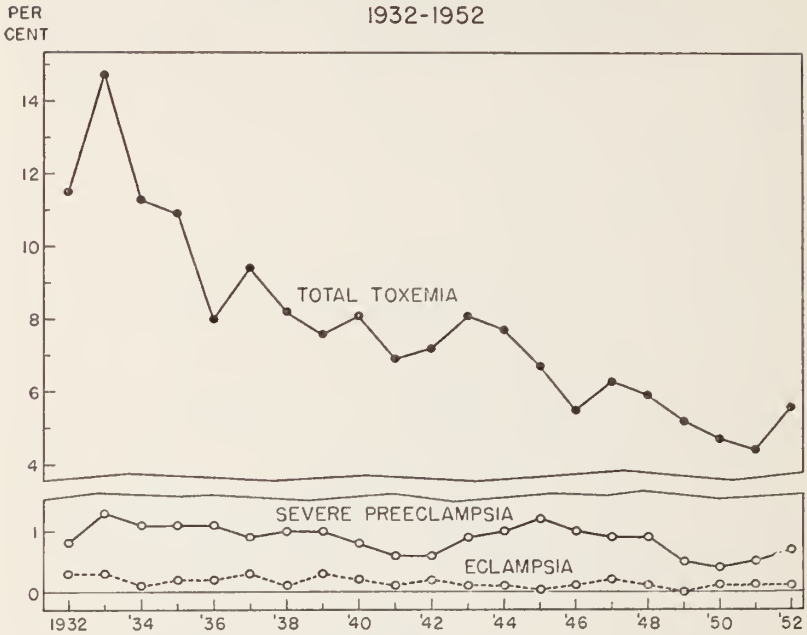


FIG. 6

INCIDENCE OF CESAREAN SECTION, VAGINAL OPERATIVE AND  
SPONTANEOUS DELIVERY IN TOTAL INFANTS (INCLUDING TWINS)

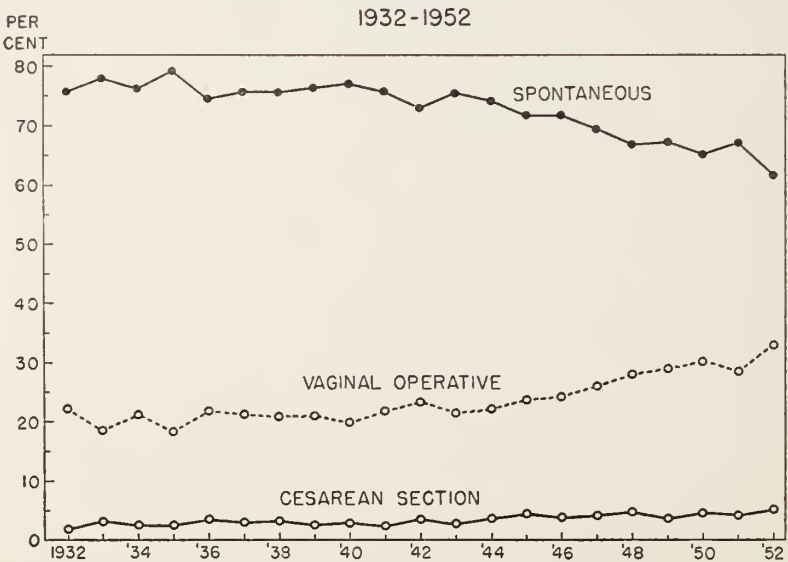
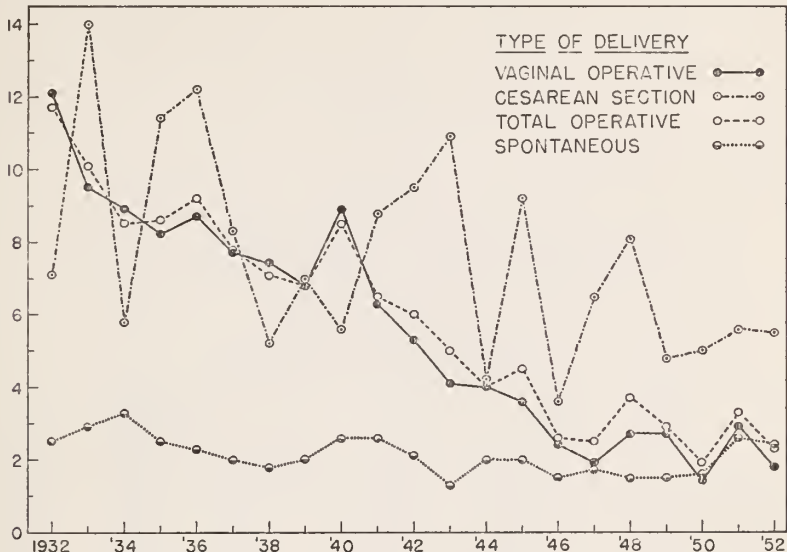


FIG. 7

# INCIDENCE OF INFANT DEATHS IN VAGINAL OPERATIVE, CESAREAN SECTION, TOTAL OPERATIVE AND SPONTANEOUS DELIVERIES \*

SEPTEMBER 1, 1932 - AUGUST 31, 1952

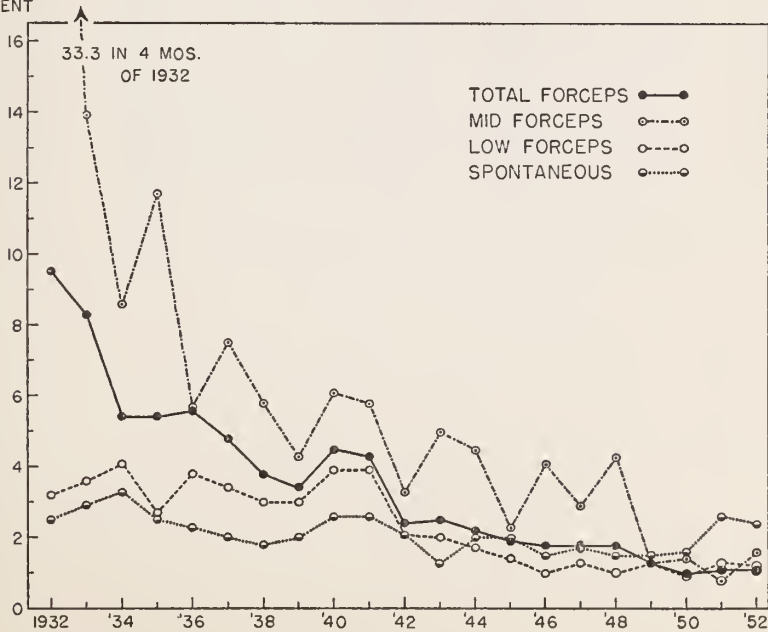
PER  
CENT

\* BIRTH WEIGHTS 500-1499 GRAMS INCLUDED AMONG DELIVERIES 1951 AND 1952

FIG. 8

# INCIDENCE OF INFANT DEATHS IN TOTAL FORCEPS, MID AND LOW FORCEPS AND IN SPONTANEOUS DELIVERIES FOR COMPARISON \*

SEPTEMBER 1, 1932 - AUGUST 31, 1952

PER  
CENT

\* BIRTH WEIGHTS 500-1499 GRAMS INCLUDED AMONG DELIVERIES 1951 AND 1952

TABLE 1

Total Deliveries, Infants, Abortions, Pregnancies and  
Total Discharges

Indoor Service 1932-1952

	<i>Deliveries</i>	<i>Infants</i>	<i>Abortions</i>	<i>Pregnancies (deliveries and abortions)</i>	<i>Total Discharges</i>
1932.....	732	742	33	765	904
1933.....	2,619	2,650	163	2,782	3,325
1934.....	2,637	2,672	167	2,804	3,384
1935.....	2,659	2,682	179	2,838	3,387
1936.....	2,653	2,688	217	2,870	3,361
1937.....	2,732	2,767	228	2,960	3,462
1938.....	2,925	2,958	234	3,159	3,622
1939.....	2,771	2,791	221	2,992	3,433
1940.....	2,913	2,942	205	3,118	3,623
1941.....	2,890	2,919	236	3,126	3,609
1942.....	3,151	3,191	273	3,424	3,944
1943.....	3,251	3,289	266	3,517	4,016
1944.....	3,230	3,260	327	3,557	4,115
1945.....	3,196	3,235	285	3,481	4,098
1946.....	3,509	3,562	434	3,943	4,523
1947.....	3,979	4,041	390	4,369	4,908
1948.....	3,976	4,039	382	4,358	4,892
1949.....	3,824	3,870	393	4,217	4,742
1950.....	3,841	3,907	440	4,281	4,842
1951.....	4,244	4,295	427	4,671	5,284
1952.....	4,148	4,194	447	4,595	5,191
Total.....	65,880	66,694	5,947	71,827	82,665

TABLE 2

Spontaneous and Operative Deliveries by Year  
Indoor Service 1932-1952

	<i>Spontaneous</i>	<i>Operative</i>	<i>Total</i>
1932.....	553	179	732
1933.....	2,044	575	2,619
1934.....	2,015	622	2,637
1935.....	2,109	550	2,659
1936.....	1,988	665	2,653
1937.....	2,078	654	2,732
1938.....	2,220	705	2,925
1939.....	2,122	649	2,771
1940.....	2,251	662	2,913
1941.....	2,188	702	2,890
1942.....	2,309	842	3,151
1943.....	2,457	794	3,251
1944.....	2,395	835	3,230
1945.....	2,294	902	3,196
1946.....	2,528	981	3,509
1947.....	2,774	1,205	3,979
1948.....	2,656	1,320	3,976
1949.....	2,571	1,253	3,824
1950.....	2,498	1,343	3,841
*1951.....	2,846	1,398	4,244
1952.....	2,627	1,521	4,148
Total.....	47,523	18,357	65,880

\*Beginning in 1951 classification for premature infant included birth weights of 500-2,499 grams. Prior to that it was 1,500-2,499 grams.

TABLE 3

Deaths and Death Rates Per 1,000 Discharges on the Obstetrical and  
Gynecological Services for Each Five Year Period and  
for the Total Twenty Years

	<u>1932-1937</u>	<u>1938-1942</u>	<u>1943-1947</u>	<u>1948-1952</u>	<u>Total</u>
OBSTETRICS I					
(Outdoor, Indoor and Berwind Combined)					
Discharges.....	22,321	20,533	21,615	24,912	89,381
Deaths.....	50	25	20	13	108
Death Rate per 1,000.....	2.2	1.2	0.9	0.5	1.2
OBSTETRICS II					
(Indoor only, Same Deaths)					
Discharges.....	17,650	18,106	21,615	24,912	82,283
Deaths.....	50	25	20	13	108
Death Rate per 1,000.....	2.8	1.4	0.9	0.5	1.3
Autopsies.....	24	12	12	6	54
Per cent Autopsies.....	48.0	48.0	60.0	46.2	50.0
GYNECOLOGY					
Discharges.....	4,469	6,525	7,657	9,881	28,532
Deaths.....	30	47	48	69	194
Death Rate per 1,000.....	6.7	7.2	6.3	7.0	6.8
Autopsies.....	15	27	26	53	121
Per cent Autopsies.....	50.0	57.4	54.2	76.8	62.4

TABLE 4

# Changing Causes of Maternal Deaths in the New York Lying-In Hospital September 1, 1932—December 31, 1952

DEATHS AND PERCENTAGE DISTRIBUTION BY CAUSE IN THE PERIODS 1932-1937, 1938-1942, 1943-1947, 1948-1952

	1932-1937			1938-1942			1943-1947			1948-1952			Total
	Deaths	% of Total		Deaths	% of Total		Deaths	% of Total		Deaths	% of Total		
Infection.....	11	22.0		6	24.0		1	5.0		1	7.7		17.6
Pneumonia.....	6	12.0					1	5.0					6.5
Hemorrhage.....	11	22.0		5	20.0		3	15.0					19
Toxemia.....	3	6.0		1	4.0					1	7.7		5
Heart Disease.....	5	10.0		4	16.0		3	15.0		6	46.1		18
Cancer.....	1	2.0					4	20.0		4	30.8		9
Embolus.....	4	8.0		6	24.0		2	10.0					12
Cerebrovascular Accident.....	2	4.0		1	4.0		3	15.0					11.1
Miscellaneous.....	7	14.0		2	8.0		3	15.0		1	7.7		6
Total.....	50	100.0		25	100.0		20	100.0		13	100.0		108
													100.0

TABLE 5

# Changing Causes of Maternal Deaths in Order of Magnitude September 1, 1932—December 31, 1952

Order of Magnitude	1932-1937	1938-1942	1943-1947	1948-1952
1 .....	Infection (11) Hemorrhage (11) Pneumonia (6)	Infection (6) Embolus (6) Hemorrhage (5)	Cancer (4)  Hemorrhage (3) Heart Disease (3) Cerebrovascular Accident (3) Embolus (2)	Heart Disease (6)  Cancer (4)  Infection (1) Toxemia (1)
3 .....	Heart Disease (5)	Heart Disease (4)		
4 .....	Embolus (4)	Toxemia (1) Cerebrovascular Accident (1)	Infection (1) Pneumonia (1)	
5 .....	Toxemia (3)			
6 .....	Cerebrovascular Accident (2)			
7 .....	Cancer (1)	2	3	1
Miscellaneous Causes.....	7			
Total.....	50	25	20	13

TABLE 6

Weight Specific Death Rates for Total Births, Total Deaths and Neonatal Deaths by Weight at Birth for Each Year, and Totals 1947-1951

TOTAL INFANT DEATHS—PER CENT OF DEATHS IN EACH BIRTH WEIGHT CATEGORY						
Weight in Grams	1947	1948	1949	1950	1951	Total
500- 999 .....	86.2	88.9	95.5	90.9	89.7	90.0
1,000-1,499 .....	53.1	65.4	50.0	40.5	63.0	53.2
1,500-1,999 .....	25.7	31.1	32.6	32.7	28.8	30.5
2,000-2,499 .....	14.6	10.7	7.9	8.9	6.9	9.7
2,500-plus .....	1.2	1.4	1.3	1.0	1.1	1.2
Unknown Weight .....	..	..	..	*100.0	*100.0	100.0
Total .....	2.9	3.0	2.9	2.6	2.8	2.9

\*Represents one infant.

NEONATAL DEATHS—PER CENT OF DEATHS AMONG LIVE BIRTHS IN EACH BIRTH WEIGHT CATEGORY

Weight in Grams	1947	1948	1949	1950	1951	Total	Per Cent
500- 999 .....	77.8	75.0	92.3	85.7	85.0	83.6	54.3
1,000-1,499 .....	34.8	55.0	28.0	26.7	41.2	35.7	
1,500-1,999 .....	13.3	20.8	18.4	11.9	17.6	16.8	7.9
2,000-2,499 .....	10.1	6.5	2.8	5.6	3.6	5.6	
2,500-plus .....	0.4	0.6	0.7	0.5	0.5	0.5	—
Unknown Weight .....	..	..	..	*100.0	*100.0	100.0	
Total .....	1.4	1.5	1.4	1.3	1.4	1.4	—

\*Represents one infant.

TABLE 7  
Total Infant Survivals 1947-1951  
TOTAL SURVIVALS AND RATES

Birth Weight in Grams	Survivals	Per Cent
500- 999 .....	12	10.0
1,000-1,499 .....	74	46.8
1,500-1,999 .....	178	69.5
2,000-2,499 .....	773	90.3
2,500-plus .....	18,684	98.8
Total .....	19,721	97.1

TABLE 8

Total Survival Rate and Live Births Survival Rates in Each  
250 Gram Birth Weight Group Beginning with  
500 Grams, 1950 and 1951 Combined

	<i>Total Births</i>	<i>Survivals</i>	<i>Per Cent Total Survival</i>	<i>Live Births</i>	<i>Per Cent Live Birth Survival</i>
500- 749.....	23	0	0.0	12	0.0
750- 999.....	28	5	17.9	22	22.7
1,000-1,249.....	27	8	29.6	18	44.4
1,250-1,499.....	37	24	64.9	29	82.8
1,500-1,749.....	41	27	65.9	34	79.4
1,750-1,999.....	73	52	71.2	59	88.1
2,000-2,249.....	131	116	88.5	124	93.5
2,250-2,499.....	240	225	93.8	234	96.2
2,500-2,749.....	502	487	97.0	494	98.6
2,750-2,999.....	831	817	98.3	823	99.3
3,000-3,249.....	1,492	1,477	99.0	1,483	99.0
3,250-3,499.....	1,648	1,631	99.0	1,641	99.4
3,500-3,749.....	1,476	1,467	99.4	1,468	99.9
3,750-3,999.....	912	908	99.6	910	99.8
4,000-4,249.....	514	512	99.6	514	99.6
4,250-4,499.....	166	164	98.8	166	98.8
4,500-4,749.....	52	51	98.1	51	100.0
4,750-4,999.....	26	24	92.3	24	100.0
5,000-5,249.....	9	9	100.0	9	100.0
5,250-5,499.....	3	3	100.0	3	100.0
5,500-plus.....	1	1	100.0	1	100.0
Unknown Weight..	6	1	16.7	6	16.7
Total.....	8,238	8,009	97.2	8,125	98.6

TABLE 9

Per Cent Survival in 4,234 Total Births {Including Twins}  
 April 1, 1951 to March 31, 1952 by Completed  
 Weeks of Gestation

<i>Completed Weeks of Gestation</i>	<i>Survivals</i>	<i>Per Cent Survivals</i>
20 .....	0	0.0
21 .....	0	0.0
22 .....	0	0.0
23 .....	..	..
24 .....	0	0.0
25 .....	0	0.0
26 .....	2	28.6
27 .....	0	0.0
28 .....	6 2	33.3
29 .....	5 1	20.0
30 .....	9	60.0
31 .....	3	100.0
32 .....	18	64.3
33 .....	10	66.7
34 .....	28	82.4
35 .....	28	87.5
36 .....	89	89.9
37 .....	129	95.6
38 .....	395	97.8
39 .....	512	99.2
40 .....	2,000	99.2
41 .....	506	98.6
42 .....	259	99.6
43 .....	63	96.9
44 .....	36	97.3
45 plus .....	12	100.0
Unknown Weeks .....	10	90.9
Total .....	4,112	97.2

TABLE 10

Weight Specific Infant Death Rates Per 100 Total Births by  
Causes of Death

1951-1952

	500-1,499		1,500-2,499		2,500 plus		Total	
	1951	1952	1951	1952	1951	1952	1951	1952
Congenital Anomalies Incompatible with Life.....	5.4	3.8	3.0	2.6	0.2	0.3	0.5	0.5
Erythroblastosis.....			0.8	0.4	0.1	0.1	0.1	0.1
Other Congenital.....		1.9				0.03		0.05
Total Congenital.....	5.4	5.7	3.8	3.0	0.3	0.4	0.6	0.6
Atelectasis.....	8.9	7.5	1.5	0.9	0.1	0.05	0.3	0.2
Asphyxia.....	3.6	1.9	0.8	1.3	0.1	0.13	0.2	0.2
Pneumonia.....	3.6		0.8	0.4	0.1	0.03	0.2	0.05
Intracranial Hemorrhage.....	5.4	13.2	1.1	0.4	0.03	0.03	0.2	0.2
Birth Injuries.....	1.8				0.03		0.05	
Prematurity.....	30.4	20.8	0.8	0.4			0.4	0.3
Premature Separation of the Placenta.....	1.8	5.7		0.4	0.03		0.05	0.1
Eclampsia, Severe Pre-Eclampsia.....	1.8	1.9		0.4		0.03	0.02	0.07
Maternal Diabetes.....		1.9		0.4	0.1	0.05	0.1	0.1
Only Cause: Knot in Cord or Cord About Neck.....	1.8						0.03	
Meningitis.....			0.4				0.02	
Toxoplasmosis.....				0.4				0.02
Prolapsed Cord.....					0.03	0.03	0.02	0.02
Hyperemia—Lungs, etc.....			0.4				0.02	
Multiple Hemorrhages.....		9.4	0.4	0.9	0.05	0.05	0.1	0.2
Only Cause: Deadborn Macerated....	10.7	7.5	1.9	2.1	0.2	0.1	0.4	0.3
Others.....		1.9		0.4				0.05
Unknown Cause.....	1.8		0.4		0.03	0.05	0.1	0.05
Total Other Than Congenital..	71.4	71.7	8.4	8.5	0.8	0.5	2.2	1.9
Grand Total.....	76.8	77.4	12.2	11.5	1.1	1.0	2.8	2.5

TABLE 11

Per Cent Incidence of Selected Complications of Pregnancy in Total Deliveries  
1932-1937, 1938-1942, 1943-1947 and 1948-1952

	1932-1937		1938-1942		1943-1947		1948-1952		Total	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Placenta Previa.....	81	0.6	73	0.5	66	0.4	84	0.4	304	0.5
Premature Separation.....	67	0.5	37	0.3	82	0.5	190	0.7	376	0.6
Rupture—Uterus.....	6	0.04	7	0.05	6	0.03	6	0.03	25	0.04
Post Partum Hemorrhage.....	701	5.0	386	2.6	313	1.8	491	2.5	1,891	2.9
Contracted Pelvis.....	1,666	11.9	916	6.3	781	4.5	893	4.5	4,256	6.5

TABLE 12

Per Cent Total Incidence of Selected Obstetrical and Medical Complications  
1932-1952

	Obstetrical		Medical	
	Number	Per Cent of Total Deliveries	Number	Per Cent of Total Pregnancies
Twins.....	746	1.1		
Premature Delivery.....	2,700	4.1		
Breech Presentation.....	2,727	4.1		
Other Abnormal Presentation (Transverse, Face, Brow, Oblique, Compound, Parietal and others).....	467	0.7		
Extrauterine Pregnancy.....	283	0.4		
Thrombophlebitis.....	465	0.6		
Heart Disease.....			2,799	3.9
Pulmonary Tuberculosis (Active).....			174	0.2
Pulmonary Tuberculosis (Inactive).....			545	0.8
Diabetes.....			252	0.4
Syphilis.....			890	1.2

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